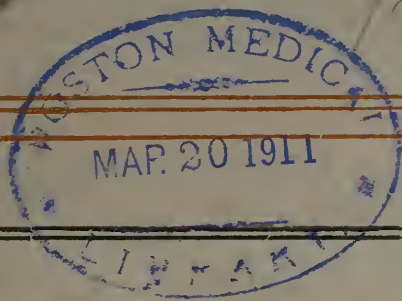




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JOURNAL

National Medical Association

A PUBLICATION DEVOTED TO THE INTEREST OF THE NATIONAL MEDICAL ASSOCIATION AND ALLIED PROFESSIONS OF MEDICINE, SURGERY, DENTISTRY AND PHARMACY

Vol. 3

January-March, 1911

No. 1

Conceived in no spirit of racial exclusiveness, fostering no ethnic antagonism, but born of the exigencies of American environment, the National Medical Association has for its object the banding together for mutual co-operation and helpfulness the men and women of African descent who are legally and honorably engaged in the practice of the cognate professions of Medicine, Surgery Pharmacy and Dentistry



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"specific medication for all diseases would be truly utopian. Fortunately, personal idiosyncrasies, the principal factor in the interference of the establishment of internal medicine as an exact science, have no bearing upon a definite treatment for a definite pathological condition, such as is manifested by inflammation, notwithstanding its etiology.

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Weighing, carefully, each and every method which has been suggested, the inevitable conclusion was in favor of hot, moist heat.

Antiphlogistine, the original cataplastic dressing for applying hot moist heat, is so far removed from the ordinary carelessly and unscientifically compounded dressing that the medical profession has by preference extensively favored its employment.

It retains the heat; is hygroscopic; lowers arterial tension; relieves venous engorgement and thus reduces inflammation wherever situated.”

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"individuality is nowhere more forcibly marked than among pharmaceutical remedies.

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The Treatment of Non-Tubercular Pelvic Infections

By U. CRANT DAILEY, M. D., Chicago

Formerly Assistant Demonstrator of Anatomy, Northwestern University Medical School
Gynecologist to Provident Hospital Dispensary

The present contribution will bring no new message. An attempt will be made, however, to digest the latest methods in the light of the writer's own experience and observation, and present resultant conclusions.

The most casual glance at current literature impresses one with the large amount of study that has been devoted to this question. In the decade just ended a pronounced tendency toward conservatism has arisen, both concerning the frequency of operation and the amount of surgerizing done. Yet much difference of opinion still exists; and the proper thing to be done in some of these cases is often a matter for earnest deliberation and of delicate decision. One, sometimes hears the bull surgeon, in speaking of pelvic pus collections, recklessly assert, "where there is pus, operate." This dictum, as applied to pelvic infections, is quite obsolete and is an expression of ignorance.

Bacteriology, pathology, symptomatology and therapy have become more closely linked with in-

creasing experience in this group of diseases.

A consideration of bacteriology and pathology is necessary to any rational conception of the aims of therapeutic measures here as elsewhere, and at the risk of seeming to labor over theoretical details, a resume of these is given.

From a clinical standpoint, we may group the cases etiologically as follows:

- 1—Gonococcic
- 2—Streptococcic
- 3—Colon
- 4—Mixed or miscellaneous.

This classification will serve as our guide in treatment since it is usually easy to distinguish, clinically, the forms enumerated.

The vast majority—98 per cent easily—of pelvic diseases of inflammatory nature are either gonococcic or streptococcic and of these two common varieties the larger number are caused by the former.

The pathological and clinical pictures of these two organisms are quite distinctive and it is easy to differentiate them. The gon-

ococcus spreads by continuity of mucous membrane and the pathologic process is eventually a "pus tube" complicated by oophoritis and pelvic peritonitis. On the other hand the streptococcus extends to the adnexae through the lymphatics and in consequence causes a pelvic cellulitis—a parametritis.

For lack of space, the differential symptoms must be omitted. The paramount importance of the history is to be emphasized however; the gonococcic nature of an infection can often be proven by judicious and tactful inquiries of the husband or the propensities of the patient may be known. The physician may be treating at the time the husband or the paramour for gonorrhea. It is marvelous what prodigious pathologic changes can be wrought in a short while by this organism. Edebohls in 1892 reported in detail and presented the specimens before the New York Gynecological Society of a girl age 19, from whom he removed a pyosalpinx thirty-six days after the guilty intercourse.

The history of a streptococcic invasion begins with an abortion or attempted abortion a few days (organism of high violence) or several weeks (organism of low violence) previous; or an instrumental or even normal delivery may have preceded. In a certain

number of cases there is septice-mia and death without localization in the pelvis.

In a third group the colon bacillus is at fault being usually a secondary invader from the rectum or appendix, the original lesion being an old gonococcal inflammation. The condition is to be recognized clinically by the "pus facies" (hard to describe but easily recognized, once seen), the brawny swelling in the cul-de-sac and lateral fornices and the pain on defecation. Lastly come the mixed infections (#) Nearly every pathogenic organism known has by some author or another been incriminated as a cause of pelvic infection, but all combined form a very small number. It being usually impossible to diagnose these without bacteriologic examination, separate consideration of them in discussing the treatment will be omitted.

TREATMENT

Confronted with a pelvic inflammatory mass, the question of operation in the majority of instances comes up. First it is decided, if possible, whether it be:

1—Gonococcal pyosalpingitis, with complicating pelvic peritonitis and oophoritis—acute, sub-acute or chronic.

2—Streptococcal parametritis.

3—Colon bacillus "pelvic abscess."

NOTE—An interesting and thoroughly studied case of pustube caused by the typhoid bacillus has been reported by Koch. The patient had had typhoid fever and according to the author he was able to exclude any previous disease in the pelvis.

A GONOCOCCIC

In gonorrheal pyosalpingitis it is well to consider the following facts:

1st. That roughly speaking, with non-operative treatment or no treatment at all, about two-thirds of the patients recover symptomatically in ten days to two weeks.

2nd. That, it has been learned, at the cost of lives that it is risky to operate in the acute cases, especially if it is the first attack. Bacteriology has given the explanation of this originally empirical clinical fact. In the acute cases the germs are alive and virulent, which virulence tends to subside and the bacteria die in from 3 to 8 weeks.

The dangers in subjecting the early case to radical operation are these:

A—Peritonitis with possible fatal ending is much more likely to occur.

B—General gonococcus septicaemia with involvement of serous membranes, including endocardium may be set up. The cases have only recently been recognized by thorough autopsy studies.

3rd. Thirdly the greater technical difficulties of operation at this stage, affording less opportunities for conservatism. The dispensary clinic gives us many examples of the dire results of ill advised surgery. It is well

known to operators that in the acute stage these pus sacs fill up the pelvis making bad operations, necessitating sometimes the removal of all the adnexae. Later when the process subsides, if operation is still advisable, less surgerizing is necessary.

4th. A small, but definite proportion of those who recover without operation may conceive.

The non-operative treatment is simple and consists of:

1. Rest in bed.
2. Thorough catharsis with calomel and salines.
3. Highly nutritious but soft diet and plenty of liquids.
4. Ice bag to abdomen.
5. Hot saline rectal enemata twice a day.
6. Hot lysol douches twice daily or these may be substituted by ice cold douches.
7. Recently the Fowler position has been suggested as an adjuvant even in these non-operative cases.
8. If the pain is very severe codeine or morphine may be necessary. The medical treatment is named last because it is least important. In deference to the custom of writing a prescription, one may use some of the combinations containing **viburnum**, **prunifolium**, **piscidia**, **erythrina** and **ergot**. Their narcotic and vasomotor activities are of some possible value. They are best administered in draughts of hot water.

Recently Schindler has brought forward the atropine treatment, supported by experimental and clinical evidence. The theory is that by inhibiting rhythmic peristalsis of the uterus and tubes, extension of the process is prevented. The writer has used the method in a few cases but it is obviously impossible to unreservedly proclaim its merits on clinical grounds except after the observation of a large series of cases. It is well thought of however by a number of authors with large experience.

Another third of cases seem to grow worse in spite of the above measures. The masses grow larger, pain increases, making one think of the imminence of rupture (though this seldom actually happens). Here it is advisable to make a vaginal incision, bring down the pus sac, give exit to the pus and establish drainage. This often suffices for temporary recovery. It at least gives the patient a chance, when later a radical operation can be performed.

Persistence of the mass, menstrual difficulties, pain and tenderness and other annoying symptoms will decide for laparotomy. The ideal plan is to build up the patients with tonics, stimulate and cleanse the emunctories, and at the selected time do a conservative abdominal section. By "Conservative" is meant the careful removal of diseased tubes and leaving the ovaries. Resecting

and washing out tubes under the guise of conservatism have not shown good results. Under all circumstances the greatest pains must be taken with the ovaries, and these organs should never be entirely sacrificed, for the clinic has taught us the distressful results of such operations.

Where there is appendiceal involvement and where marked gastro intestinal symptoms point to formation of adhesions with omentum and intestines, delay is more dangerous than immediate operation. A laparotomy should be done with institution of free vaginal drainage and Fowler position. The proctoclysis of Murphy is invaluable in the after treatment.*

In the one-third which do not regain health without operation there is still a proportion amenable to relief by non-operative procedures.

For these there seems to be some hope in the usefulness of vaccine therapy. My personal experience is limited but it has been favorable. In a recent case with definite history of fresh gonococcus infection with a pelvic mass, joint involvement and general toxemic symptoms. The Neisser Bacterin (stock) in doses of 500,000,000 killed bacteria every third day, seemed to be of good effect. Where operative procedures are inadvisable or refused, the gonococcus vaccine is worthy of trial. They would appear to be of spec-

*NOTE—The technique of pelvic operations is to be taken up in a future paper.

ial utility where the gonococcus is in the blood.

Many of us are still using the glycerin-ichthyol tampon. After treatment in dispensary and private practice, many chronic pelvic exudates with the tampon, I am today unconvinced of any virtue in them. They make a good excuse of doing something. It cannot be too thoroughly remembered that TIME tends to cure these patients and one must be reserved in expressing positively the merits of any form of treatment.

Gilmore has recently come forth in warm advocacy of the dry hot air treatment. He uses a special hot air apparatus applying the heat for 20 minutes at 200 degrees FHT. As much as 250 degrees of heat can be borne without great discomfort. The method is suited for chronic cases only.

B. STREPTOCOCCUS

Laparotomy at any stage of streptococcus infection is hazardous, since that organism retains its virulence indefinitely. It is better to treat conservatively. If a focus of pus can be found accessible, vaginal puncture and drainage should be established. The pus cavity may be mopped out with tr. iodine. In recent puerperal cases, if the secundines have not passed, careful intrauterine use of the blunt curette and iodine swab will be indicated.

The antistreptococcic serums have been found to be of little value. There are some possibili-

ties connected with the use of autogenous vaccines, but as these are available only at medical centers and at some expense, their usefulness is greatly limited.

The treatment of streptococcus general peritonitis and septicemia does not concern us here.

C. COLON BACILLUS

The "pelvic abscess" of colon origin should be treated by vaginal incision and tube drainage. Great care must be taken at operation to break up all pus pockets so that they may connect with main cavity and efficient drainage ensured. This procedure often secures permanent symptomatic recovery. In this particular variety, unless there be some special contra-indication, early getting out of bed is a wise plan.

In all the forms of infection, fresh air, good nutritious foods, tonics, and sometimes, stimulants are not to be neglected.

The writer is deeply indebted to the literature, but wishes to mention especially the following:

Andrews, Frank; American Journal of Obstetrics 1904, XLIX.

Hyde -----; American Journal of Obstetrics, 1904.

Crossen, Surgery, Gynecology and Obstetrics, 1909, 405.

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Martin, Surgery, Gynecology and obstetrics, April, 1907.

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Byford, Surgery, Gynecology and Obstetrics, April, 1907.

Novak, American Journal of Obstetrics, LVII.

Dr. Carl Schindler, Archiv fur Gynakologie, 1909, LXXXVII.

Gilmore, R. T., Surgery, Gynecology and Obstetrics, Dec. 1910.

Oct. 28, 1910.

Some years ago I began to use Sulpho-Lythin in my practice, it having been given a thorough test by my late Professor, Dr. John A. Chapple, Atlanta, Ga., a specialist in Pyorrhea Alveolaris, and recommended as a valuable product by him.

I can now say I consider it the most valuable remedy I know of for the treatment of Acid Intoxication of the blood.

I could give a history of a large number of cases but one will be sufficient.

A young lady from India about twenty-seven, Anemic, suffering from Malarial conditions and "Pyorrhæ" would fall asleep in the chair at almost every visit.

Present condition, Oct. 28th, after three months' treatment with Sulpho-Lythin in conjunction with local treatment, clear color, eyes bright sleepy condition overcome, suppuration about the teeth has entirely ceased and the gums nearly normal.

In a large number of cases which I have had under my observation, I have a constitutional history of Go - orrhea and Syphilis. In some cases the Syphilis has been remote, but the effects have been quite apparent.

In these cases, I have followed a constitutional treatment with marked results upon the glands, and in most cases, a decided decrease in the deposits of Calculus upon the teeth.

Sulpho-Lythin cum Hexamethylenamine "Tablet No. 6" overcome these conditions. The results from the tests I have given it in most cases are most gratifying.

It is also my opinion that many skin diseases that come under our observation can be greatly benefited by Sulpho-Lythin treatment.

The Dentists are too apt to neglect constitutional treatment depending upon local treatment entirely, thereby neglecting to remove the cause.
(Signed)

D. D. BEEKMAN, D. D. S.,
Washington, D. C.

With each succeeding visitation of this trouble, we have found it more and more necessary to watch out for the disease in disguise, and to treat these abnormal manifestations; consequently we have relied upon mild nerve sedatives, anodynones and heart sustainers, rather than upon any specific line of treatment. Most cases will improve by being made to rest in bed and encouraging action of skin and kidneys with possibly minute doses of blue pill or calomel. We have found much benefit from the use of Antikamnia and Codeine Tablets in the stage of pyrexia and muscular painfulness and as a sedative to the respiratory centres. In the treatment of influenza or la grippe and its sequelae, its value is highly esteemed. In diseases of the respiratory organs following an attack of la grippe, pain and cough are the symptoms which especially call for something to relieve. This combination meets these symptoms, and in addition controls the violent movements accompanying the cough. To administer these tablets in the above conditions, place one tablet in the mouth, allowing it to dissolve slowly, swallowing the saliva.

Ectopic Gestation With Special Reference to The Operative Technique

By A. M. CURTIS, M. D.

It is indeed fitting and proper that you should gather together here at the Capital of the Nation to pay homage of your profound gratification and admiration, but it is more fitting that you should meet in the halls of Howard University and under the shadow of Freedmen's Hospital, institutions which are affording opportunities, unexcelled in this world, to the Negroes in the domain of medicine and surgery.

What an inspiration it is to me and must be to you to meet here under such auspices and to discuss and interchange ideas with regard to the medical and surgical work, which has been accomplished by this race with such signal success within the past few years.

In presenting this paper it is my intention to take, as the time allowed will permit, the question of diagnosis, the choice of it for operation and the technique of the operation and the results obtained. In a paper of this kind it would be trying to your patience, as well as unsuitable, to give more than a passing consideration of the details of such an important subject; the main object being to emphasize the importance of the differential diagnosis together with

certain special points in the technique observed in operating.

Pardon the writer's self-adulation, when he states that he has lost only one ectopic gestation in ten years. There is a child-like humanity in surgery which crops out of us irrespective of human inclination and one finds himself fond of that subject which has been full of victories. I have endeavored to approach this subject wholly from my view-point, making very little use of the literature on the subject, and have tried to avoid being carried away by general impressions. Individual experience has been the basis for this presentation. The reason for treating my paper in this manner is because the opinions expressed in literature are so diversified and differ so materially from what has been my observation and experience.

No surgical disease demands more judgment than ectopic gestation, with its capricious symptoms and its startling and often fatal developments. This field is not limited to the gynecologic surgeon. This condition must be met by the general surgeon and at times by the general practitioner.

While these cases are not al-

ways fatal, the delay of an hour may place the patient beyond the help of any surgical treatment. Greater skill in diagnosing and early resort to operation in these conditions have demonstrated the prevalence of extra-uterine pregnancy.

The sudden death of women, perfectly healthy, who fall in a faint is not uncommon, and so often a time-worn subterfuge, "heart failure," is assigned as a cause of death. A few years ago the necroscopist in his excursions was discovering so many ruptured tubal ectopics that the erstwhile surgeon became aroused to a sense of his short-comings and today as a result we have a better knowledge of this condition as exemplified in more correct diagnosis and successful operations. Thus the dead houses have been robbed of many of its beautiful specimens of ruptured extra-uterine gestation. There should be no excuse for autopsies disclosing in this latter day so many extra-uterine ruptures, which have passed either unnoticed and not recognized, nor should so many explanations be necessary for the many ectopic cases that are sent to our hospitals as miscarriages. The unruptured cases on the other hand are often very difficult and perplexing to the best diagnosticians

"The most curious thing," says Lawson Tait, "is that the bulk of my patients do not believe that they were pregnant at all; there-

fore, the first factor in a correct diagnosis was absent. Of all the cases that I have operated upon and in many where I have known the history, the patient had made no complaints until the alarming symptoms of rupture had set in."

The clinical history of the extra-uterine gestation is of such infinite value toward the recognition of this condition that it becomes the urgent duty of the general practitioner to diagnose this malady. Again the early and pitiable end of a promising young life is too often the penalty of delay in this tragical and misplaced conception. Although I have little hope of calling your attention to anything new on this subject, yet a review of such a vital subject prompts renewed investigation and encourages protective efforts. All conditions which have sufficient power to take life quickly must be placed in the minute list and we should be proficiently prepared to recognize and deal with such an emergency. Surgically, we place ectopic gestation on a par with all perforated lesions of the abdominal viscera. Nothing is more distressing than a review of the early history of the extra-uterine gestation with its frightful mortality. Hundreds of mothers perish from hemorrhage or peritonitis. Compare the practically nil mortality of today with this fatal picture. Those who die today are like the fatally neglected abortion cases. They are lost,

because they do not receive the right attention at the right time. Contrast, if you will, the happy mother with a physiological pregnancy and then the wild, nervous pain-ridden one of ectopic; can any contrast between physiology and pathology be more marked? The severe agonizing pain from which the patient with ectopic gestation suffers can scarcely be accounted for by hemorrhage, rupture of the sac or peritonitis. I have operated on cases without a sign of rupture. There was not even a blood stain on the peritoneum, with no adhesions to indicate peritonitis; yet she had suffered most excruciating pains.

The diagnosis is based upon symptoms which, as a rule, are more marked. The patient gives a history of a delayed menses or absence of one or more periods, or possibly the menstrual flow has lasted for one day instead of four. If there has been apprehension before, she may state she feels as though she is in that state, but unlike the former one. There is nearly always a history of a dark bloody discharge, which, as a rule, contains threads of decidua or the entire decidua cast on the uterus may be discharged. If this decidua can be identified and abortion excluded, the diagnosis is certain. There are paroxysms of pain occurring at intervals of an hour or days and the patient will tell you she has never experienced such pains before. I would lay great

stress on these ectopic pains. I have seen an interne at Freedmen's Hospital, new in the service, who had this characteristic pain so thoroughly impressed upon his mind that he readily diagnosed two cases afterwards without any hesitancy, stating at the time that his opinion of this condition was based largely on what I have called the ectopic pain. If the patient's color indicates hemorrhage, certainly we have a classical picture of extra-uterine gestation. Do not wait for this sign and the patient is pulseless before making diagnosis. For, unfortunately, in many cases the internal hemorrhage is so profuse that we find a pulseless patient at the first attack of pain. The discoloration of the vagina may be present. An objective symptom of importance is the condition of the breast. In all cases I have examined and the diagnosis confirmed, the breasts were tender and contained colostrum. The cervix is small and soft, but I have not always found the enlargement of the uterus which the text books teach. The uterus is very sensitive to pelvic examination. This is one of my reliable signs. The pushing up of the cervix will cause the patient to cry out. Similar pressure in a case of acute salpingitis or inflammatory cyst is not nearly so painful. The lateral boggy and doughy mass so often spoken of in the text books, particular stress being laid upon this sign in How-

ard Kelly's "Operative Gynecology," depends upon the fact whether there has been much extravasation of blood. In this there is considerable bloody mass which might be confused with ovarian abscess or cystic ovary.

THE CHOICE OF TIME FOR OPERATION

Dr. Robb, of the Lakeside Hospital, in Cleveland, Ohio, a man who has done considerable research work in these cases, has stirred up much discussion recently by advocating a delay of several days in all cases, where the haemoglobin percentage is low and where there are signs of continued hemorrhage and the patient is suffering from shock. He had many converted to his opinion, but my experience has not justified such a procedure. Without under-estimating the value of a lessened haemoglobin percentage, the indications for intervention cannot be determined by the blood picture alone, but to a surgeon falls the added responsibility of the question of an operation, which may mean life or death. Let us consider for the moment what proper estimate may be placed by the surgeon upon the results of a blood examination in these cases. Although there is no constant ratio between a condition in the percentage of haemoglobin and a condition in the number of red blood cells, yet the fading haemoglobin is so often intimately associated with changes in the number or

morphology of the red blood cells that it would be useless to consider one apart from the other. In other words the degree but not the pathological unity of an anaemia may be determined by the haemoglobin loss alone. Lazarus, classifies anaemias into, an acute post-hemorrhagic anaemia and symptomatic anaemia. An acute post-hemorrhagic anaemia is that following sudden acute hemorrhage and would include ruptured tubal pregnancy. In such an emergency hemorrhage, of course, the haemoglobin estimate is of value, but its important value to the surgeon would be to check the bleeding, if possible. Theoretically, a low percentage haemoglobin may contra-indicate immediate operation, but personally, my results have indicated differently as exemplified in eleven operations done at Freedmen's Hospital in the last twelve months without a death; done as soon as diagnosis was made, irrespective of the haemoglobin percentage, shock or depression.

For the busy practitioner, the report of one or more cases occurring in one's practice showing unusual interesting features is often of greater value than a dozen pages of theory about such cases. Three cases have been selected from the charts of Freedmen's Hospital, each operated in my service and each a different type of ectopic, as will be shown by reports and each also receiving a dif-

ferent form of surgical treatment.

CASE I—MISS L.———

Admitted September 11, 1909.

A history of missed menses for two months. Patient stated she had a miscarriage one week before admission and her attending physician ventured the opinion that he thought it was a case of abortion. The examination showed a palpable mass in the right side with much tenderness. The temperature was 103; pulse 120; haemoglobin percentage 50; leucocyte count 17,000. Although suspicions of ectopic were present, the case was treated for a few days on the expectant plan. Five days afterwards, there was fainting with some shock, which suggested internal bleeding. Operation was done. There was found an inflammatory exudate walling off a large suppurating blood mass containing a foetus. The right side, which was affected, was removed under considerable difficulty. The necrotic sac could not all be fully removed. The inflammatory walls of exudative material were handled as little as possible, and utilized to shut off the general peritoneal cavity from the suppurating cavity. A drainage was put in back of the uterus and drained through the vagina; the patient made a slow recovery.

CASE II—MRS. P.———

Admitted to Freedmen's Hospital
April 3, 1910.

With all the classical symptoms

of ectopic gestation. Haemoglobin percentage only 30; patient was greatly shocked. Immediate operation was performed. Found ruptured tube with active hemorrhage. Foetus free in the abdominal cavity. Abdomen filled up with large amount of clotted blood. Many found as high up as the stomach. There was an old adhesive salpingitis and inflammation of ovary on the left side. It was necessary here to do hysterio-salpingo-oophorectomy. The patient was off the table in one hour. Normal salt infusion under both breasts was kept up during the operation. Patient left the table with a better pulse than she showed before. Aside from the anaemic headaches for a few days, patient made an uninterrupted recovery.

CASE III—MRS. K.———

Admitted June 28, 1910.

She was suffering from excruciating pains on the left side of the lower abdomen; complaining of faintness, vomiting and irregular flow of blood from the vagina. This condition, she stated, had lasted six weeks. Haemoglobin percentage was only 40. An operation in this case disclosed an ectopic sac with a slight rupture and evidence of nature trying to dispose of this condition by imprisonment beyond the bars of inflammatory products. Removal of the tube and ovary with shortening of the broad ligament was done. Pa-

tient discharged cured without any interruption.

There are some cases, no doubt, where delay is imperative. Without giving specific cases illustrating these cases, suffice it to say, that in all of our surgical operations, there is one thing which should always be considered, namely, the individual case, or to put it more concretely—the patient. All cases and all patients are not alike. Many surgeons give their methods, but not their cases, nor their kind of cases. To recommend a certain kind of procedure in this case, to my mind, is misleading. Each case should be treated differently, depending upon the individual. Let us settle definitely in mind the object to be attained and how to attain it. We cannot read a language without knowing the alphabet, and neither can we read a patient without knowing the individual. What is the general appearance of the patient? What of the temperament? The face often tells the story. It is life's shop window, where most of its wares are displayed. Is the face pale, or flushed, languid or vigorous, sad or cheerful, calm or stupid? What the condition of the pulse? The state of blood? A correlation of these facts with the proper deductions should govern our actions before deciding to operate. This done, operate at the physiological moment, whether early or late.

I advocate the early operation.

Those who wait, assume a responsibility which often has for its burden a human life. Attempting to be too scientific and depending on theories in such tragedies without knowing the true nature of the rupture is non-surgical and has no place in progressive surgery of today. One's inability to say as to whether there is active hemorrhage or not should prevent our waiting. Again, it is impossible to say how much of the depressed condition is due to hemorrhage. The intra-abdominal clots may be profoundly shocking to the patient and their removal is indicated. I have seen patients brought to the operating table pulseless, almost, and after the removal of clots, leave with a fairly good pulse. The condition of the pulse is not always the index of the amount of internal bleeding. I have seen practically a pulseless patient opened, in whom very little evidence of hemorrhage was found. This is indeed evidence of how little we know of the true nature of things and a plea for early operation. Our limitations are so very human and our errors in this condition so fatal, let us be on the safe side and operate at the earliest possible moment.

The so-called pelvic hematoceles of my early days in surgery, I now believe to have been ectopics. A careful examination of pelvic hematoceles macroscopically will often demonstrate a product of conception, or microscopically the iden-

tity of chorionic villi can be established. I have here for exhibition a specimen of a so-called pelvic hematoceles showing the embryo which was fished out of the mass of extravasated blood. The case was operated upon by Dr. Carson, Assistant Surgeon of Freedmen's Hospital. Careful study of the symptoms presented in extra-uterine gestation will enable one to arrive at the probable diagnosis and an early operation will preclude the exposure of the patient to a suppuration of the mass with its attending dangers. True, those of us who have observed carefully many cases of sudden pain must reach the conclusion that some cases rupture in early development and are disposed of through nature's forces—phagocytosis. However, since in a given case we cannot tell whether it will undergo a reproductive process requiring assistance or a destructive process needing resistance, it becomes our duty to give the patient the benefit of the doubt by an early operation. It is impossible to know whether recurring hemorrhage or suppuration will not take place and thus jeopardize or destroy the life of the patient. It is also true that if this case ends spontaneously in recovery, the patient is invalided for months.

THE TECHNIQUE IN OPERATING

In taking up the technique, I would say that an operator in sur-

gery, as in any other technical job, is, after all, only an artisan. Like the tailor or carpenter with the additional mental equipment of a man in his special line. In surgery it implies a thorough knowledge of surgical anatomy as well as a cool head, a steady nerve and a reserved force of courage. These qualities of necessity should include the qualities of a diagnostician and then we have not only the artisan, but the artist, not only the operator, but the surgeon. While the advances made in gynecology during the last few years are not so numerous as in some other departments of surgery, yet they are of sufficient importance to be mentioned. A few years ago it was a common occurrence to have an abundant number of uterine appendages, practical normal exhibits, as trophies of surgical skill. It is the practice of some, even in this day of conservative work.

The greatest conservatism of pelvic organs can be exemplified, when operating for extra-uterine gestation. While most operators will follow the old method of removal of the entire annexum of the affected side, a considerable number are content to remove only the fallopian tube retaining the ovary; while I desire to matriculate in the ultra-conservative school and advocate in early unruptured cases the splitting open of the affected tube and depriving it of the product of conception and

by plastic surgery, preserve a patent tube.

Just a word as to the intra-abdominal irrigation and drainage in these cases. I never use either only in a limited number of cases. In certain cases of rupture, where the clots are numerous, clinging and adhering to the intestines and lying in the folds of the peritoneum, irrigation with normal salt solution, serving the double purposes, of flushing out the clots and debris and supplying the body with much needed fluid for the heart and blood vessels. In suppurative cases with sloughing or necrotic sac, drainage is indicated often. It is better to make it down hill and at the bottom through the cul-de-sac posterior to the uterus.

My experience with extra-uterine gestation has impressed upon me these lessons:

1. A correct and early diagnosis can be made if the history of the patient is carefully elicited. The diagnosis depends as much upon the history as upon the result of the physical examination.

2. If an early diagnosis is made, the patient can be operated upon while still in a good condition with the result of securing a high percentage of recovery.

Deaths from extra-uterine gestation are usually due either to an occurrence of hemorrhage so sudden and profuse that the patient is in extremis before operation can be performed or else they are due to failure to make a diagnosis or to an unwarranted delay in resorting to an operation.

The writer is aware that it is rather presumptuous for one absorbed in the cares and duties of a responsible profession, who has added little or nothing to the common storehouse of science to have occupied so much of your valuable time on such a common-place subject. He has been profoundly impressed with the importance of the task assigned and has endeavored to obey the commands to the best of his ability.

He will shelter himself under the belief that it may sometimes be permitted, even the drone in the hive, to cause the air to vibrate in honor and in recognition of the labor of his more efficient colleagues. He has not attempted to cover the entire field of extra-uterine gestation, but has endeavored to lead you to the border land, trusting that a glimpse of such a fertile soil for labor may stimulate others to greater efforts in this line of endeavor.

Surgical Aspects of Typhoid Fever

By JOHN C. ROBINSON, M. D., 611 N. Caroline Street, Baltimore, Md.

It is impossible to give the subject, I have chosen, more than the briefest outline in the necessarily short time here allotted. I shall therefore attempt no more than to indicate the frequency of the several surgical features of typhoid fever during the study of 275 cases.

Recognizing the importance of familiarity with typhoidal conditions, and especially those connected with the abdomen, and the value of following the complications from their onset, the rule has been established at Johns Hopkins Hospital to have the surgeon see all cases presenting abdominal symptoms. The importance of this is emphasized by Dr. Osler, who says: "It should be the especial duty of hospital physicians hereafter to study with more than usual care the earliest symptoms of perforative cases.-----What is essential in every serious case is the watchful care of a man who will be quick to grasp changes in the patient's condition, and who in such cases is in hourly collusion with his surgical colleague.----To leave the diagnosis of perforation to the attending physician is in too many cases to sacrifice the life of the patient."

Authorities are now practically a unit in the belief that the medical and surgical services should

work in the closest harmony in typhoidal conditions presenting abdominal features.

In the preparation of this paper I am largely indebted to the report of the clinics by Prof. Osler, and Prof. Halstead, from June 1900 to June 1902.

The cases with surgical conditions can be divided into two groups:

(1) Conditions other than abdominal; (2) Abdominal conditions.

Those in the first group include:

(a) Furunculosis and abscesses, including otitis media; (b) Periostitis and perichondritis; (c) Glandular affections.

In the second group are included:

(a) Affections of liver and gall bladder; (b) Intestinal perforation; (c) Appendicitis; (d) Suspected perforation, operation; (e) Conditions causing abdominal symptoms, in which operation was not thought to be indicated.

GROUP I.—CONDITIONS OTHER THAN ABDOMINAL

Furuncles occurred in 13 cases. The most frequent location was the buttocks. Some have been single, but the majority multiple, and in one case they were distributed over the whole body. They occurred as early as the eleventh

and as late as the thirty-fourth day, majority being in the third or fourth week. They had no influence on the course of the disease other than to prolong convalescence. There was one case of otitis media appearing on the thirty-first day, there was pain in the right ear with pain and tenderness over the mastoid. The leukocytes were 3,600. The temperature, which was running high, was not influenced. On the thirty-fourth day the tympanum was perforated and a small amount of thick, yellow pus was obtained, from which streptococcus pyogenes was grown. The discharge ceased in a few days. There was slight deafness.

(b)—PERIOSTITIS AND PERICHONDRI-
DRITIS

Periostitis was observed twice, the clavicle being affected in both instances. The first occurred on the thirty-sixth day, when distinct swelling was observed over the outer end of the left clavicle, which was very tender. An ice-bag was kept constantly applied, the symptoms rapidly subsiding and disappearing completely by the forty-first day. The second occurred on the forty-first day, during convalescence, with pain, swelling and tenderness over the left clavicle. The swelling was marked. There was severe pain on pressure, and the skin was reddened. The temperature rose to 101.5 degrees; leukocytes were 12,000. Under the constant appli-

cation of an ice bag the symptoms had subsided by the forty-fifth day, although the temperature was still 100 degrees. On the forty-seventh the temperature was normal and the tenderness gone, but there was still some thickening about the clavicle.

Perichondritis: A single instance of this has been observed, occurring in a very severe case on the twenty-third day. The patient complained of pain on swallowing. There was considerable swelling and tenderness over the thyroid cartilage. The leukocytes were 9,000. On the twenty-fifth day the swelling had increased, and the skin was reddened. Death occurred on this day. No autopsy was obtained.

(c)—GLANDULAR AFFECTIONS

Enlarged cervical glands were observed in one case on the sixty-second day, associated with tonsillitis. They did not suppurate and subsided in about twelve days.

Mastitis, occurred in three cases, which appeared on the thirtieth day in two of these cases, in which one breast was involved. In the third case there was involvement of the right breast on the thirteenth day; of the left breast on the eighteenth day and again on the fifty-second day. Suppuration did not occur. There was rise in temperature and leukocytosis in two, in only one of which there was suppuration. The nonsuppurative case subsided without surgi-

cal interference. Two cases suppurated and were incised. One of these yielded staphylococcus pyogenes albus in cultures. In the other no culture was taken. They healed rapidly and the complication had no especial influence on the disease.

GROUP II.—ABDOMINAL CONDITIONS

(a) AFFECTIONS OF THE LIVER AND GALL BLADDER

This division includes one case of abscess of the liver and five cases in which cholecystitis was suspected. Three patients were not operated on and recovered; in one perforation of the gall-bladder occurred, followed by general peritonitis and death, without operation, and the fifth was operated upon and recovered.

Hepatic Abscess:—This patient on admission was very ill, his condition being rather alarming. The most striking features were the pallor and the recurring paroxysms of severe pain in the upper abdomen, between which he was comparatively comfortable. On examination the persistent signs over the gall-bladder region with jaundice and the large leukocytosis were the most important points. On looking back over the case the diagnosis seems simple. At the time, however, they having cholecystitis strongly in mind and the general opinion then tending toward symptomatic treatment of this affection, the medical side ad-

vised delay, especially as his general condition rather improved after admission, the constantly increasing leukocytosis being the only sign of progress in the process.

The possibility of subphrenic abscess was considered but no conclusion as to its origin could be reached. Only one other case of abscess of the liver in typhoid fever appears in the records of Johns Hopkins Hospital. In this the abscess caused no signs which were recognized during life and was only found at autopsy. It was part of a general staphylococcus pyemia.

Keen, states that in the literature previous to 1898 only 21 cases of hepatic abscess could be found, the first having been reported by Lewis in 1841.

DaCosta, in 1898 reported 22 cases.

Perthes, in March, 1902, reports a case of abscess of the liver which developed during convalescence. The patient had been out of bed for a week, when, on the forty-ninth day, the temperature began to rise. On the sixty-ninth day, he complained of pain in the epigastrium. He was operated upon on eighty-first day, and a large subphrenic abscess was drained. The patient recovered. Coverslips from the pus showed streptococci and bacilli. Bacillus typhosus was isolated from cultures.

Cholecystitis has been suspected in five cases of this series during the course of typhoid fever.

In one case the patient had a relapse; on the eighth day of the relapse symptoms of cholecystitis developed. The pain was so severe in the right hypochondrium, localized over a small area and associated with such marked muscle spasm and leukocytosis that the suspicion seemed at any rate well founded. It is of interest that this occurred during the relapse. The patient recovered without operation.

In a second case the patient had a severe attack of typhoid fever, abdominal symptoms were manifested on the sixth day; symptoms of cholecystitis on twenty-second day; an operation of cholecystostomy was performed, the patient recovered. In this case there was no question as to the diagnosis, the symptoms from the first pointing to an inflamed gall-bladder. The rise of temperature to 104.8 degrees, the presence of tenderness and muscle spasm in the right hypochondrium with, lastly, the presence of a visible rounded tumor, associated with a rising leukocytosis, all evidenced an active process. The picture of symptoms in these cases is a sudden onset with pain in the right hypochondrium with which chill or vomiting may be associated. The pain continues with tenderness and rigidity or muscle spasm on palpation. Moderate leukocytosis is usually found. The temperature and pulse-rate usually rise. The gall-bladder may be

felt. Jaundice of a slight grade may follow.

Ashhurst, reports two cases of perforation of the gall-bladder during the course of typhoid fever. One occurring on the thirty-second day, an exploratory laparotomy was done five hours after perforation; the patient died twenty hours after operation. The post-mortem examination through the wound of operation showed general peritonitis with a perforation of the gall-bladder.

In the second case the perforation occurred on the forty-second day; four hours after perforation occurred cholecystectomy was performed under ether anesthesia, the operation lasted twenty-three minutes, and the patient was in a very precarious condition at its conclusion. With the exception of one rise of temperature to 101 degrees, recovery was uneventful. Two months after operation the patient was discharged as being well.

(b) INTESTINAL PERFORATION

What ought to have been the awakening call in regard to typhoid perforation was made by Leyden of Berlin, in 1884, and again in 1886 by Wilson of Philadelphia.

Then came the world's record in 1904 of 362 reported operations for intestinal perforations.

The frequency of perforation in typhoid fever has been variously given by different authorities.

Liebermeister found it in 26 of 2,000 cases.

Murchison in 48 of 1,580 cases.

Curschmann in 22 of 829 cases.

Armstrong in 34 of 932 cases.

Curschmann says in his work: "I believe that under the most unfavorable circumstances perforation occurs in not more than 3 per cent of all cases of typhoid fever."

In 829 cases at Johns Hopkins Hospital it occurred in 6 per cent.

During the period covered by Osler's clinic, perforation of the intestine has occurred eight times, twice in association with intestinal hemorrhage.

Seven patients were operated upon; in the eighth case operation was not advised on account of the hopelessness of the patient's condition. Two recovered and a third lived one week after operation, dying then of profound toxemia.

(c) APPENDICITIS

The epoch-making contribution on appendicitis, by Fitz of Boston, appeared in 1886.

This group may be divided into two classes: Firstly, those having symptoms strongly suggesting appendicitis, and secondly, appendicitis developing in the course of typhoid fever.

In the first class are three cases. In the second there is a single case. All in the first class recovered without operation.

The case of the second class presented abdominal symptoms on the

twelfth day, operation showed perforative ulcers and acute appendicitis, the patient died. Autopsy revealed typhoid septicemia; no perforation of the intestines.

Bacteriology: *Bacillus subtilis* and saprophytic bacilli from peritoneal cavity at operation.

In the general consideration of the views of typhoidal condition, it is my desire to call attention to a case of Ascites in typhoid fever which occurred in my practice:

Male, age 31; single; occupation, teamster; family history, negative; personal history: had suffered with typhoid and malaria fevers two years previous; subject to frequent attacks of bronchitis during winter; used alcoholic stimulants freely, tobacco moderately.

I was called to see this patient June 10, 1908, having been sick three weeks; under the attention of another physician. The symptoms in this case were quite marked; the usual temperature, no diarrhoea, moderate abdominal distension, rash on the chest and abdomen, enlarged spleen, leukocytes as low as 4,500, and well marked Widal reaction. The pulse averaged about 90, no hemorrhages, his general condition was good. During the latter part of the fourth week signs of fluid in the peritoneal cavity became apparent. Examination of the abdomen showed signs of exudate into the right and left pleurae, no pain or tenderness in the abdomen, fluctuation was quite distinct, the

flanks were full and flat to percussion. Four days after the examination the fluid had increased in quantity; the patient seemed very much weaker and well nigh exhausted, his condition was distressful; at once, I decided that something would have to be done immediately to relieve this distressful state of affairs, accordingly, I performed "Paracentesis Abdominis," drawing off 16 ounces of straw-colored fluid, the same amount the three succeeding days; the fourth day after operation the patient was resting comfortably. It might be of interest here to state that a few days prior to the signs of effusion the patient was seized with a severe chill, after which, a "hacking cough" developed. Examination of sputum showed the tubercle bacilli to be present; the temperature arose to 105.4 degrees F., after the chill. The patient recovered entirely four weeks later, but died three months later of Pulmonary hemorrhage.

Whether the cause of effusion in this case was due to pathological conditions resulting from typhoid fever, a possible hepatic cirrhosis (I could not make such a diagno-

sis); toxemia, or sufficient enlargement of the mesenteric glands causing irritation of the peritoneum to excite effusion, I am not prepared to say.

I know of only four reported cases of peritoneal effusion in typhoid fever, apart from peritonitis, and these were reported by McPhedran, in 1908.

In conclusion, the objects of this paper are:

(1). The discussion, with which it may be honored, will bring forth the influence of abler students to realize the importance of having the medical and surgical services work in the closest harmony.

(2). Young practitioners, guided and advised by those who may by their comments give this paper value will everywhere warn the families of the danger in delay of operation of such complications.

(3). An appeal to physicians at large, to keep in daily collusion with their surgical colleagues.

(4). An enthusiastic and glorious achievement for the surgery of abdominal features of typhoid fever.



A wing of George W. Hubbard Hospital. This wing is now in operation.

An Appeal to Meharry Alumni

**By C. V. ROMAN, M. D.*

I wish to call your attention briefly to some fundamental propositions, and that I may stick to the text I have committed my remarks to writing.

The purest longings of the human heart and the highest ideals

of the human mind have undergone very little change in historic times. Medicine is no exception. "Curare tute cito et jucunde" is a philosophical and ethical ideal of medicine over two thousand years old. It is still the NE PLUS UL-

*Delivered at a meeting of the Geo. W. Hubbard Hospital Association, Feb. 24, 1910.

TRA of professional efficiency in the art of medicine today. Hippocrates after declaring that "Medicine of all the arts is the most noble" and that "Physicians are many in title but very few in reality," lays down the following conditions for a successful medical education:—"Whoever is to acquire a competent knowledge of medicine, ought to be possessed of the following advantages: a natural disposition; instruction; a favorable position for the study; early tuition; love of labor; leisure." Those who essay to practice medicine without compliance with these conditions are relying upon inexperience, which is a bad treasure and the nurse of both timidity and audacity. "Timidity" says the father of medicine, "betrays want of powers, and audacity a want of skill."

It is to the third of his six necessary conditions I want to call your attention: "A favorable position for the study."

A favorable position for the study of medicine in the 20th century means attendance at a medical college. There seems in some quarters a very hazy idea of what constitutes a medical college,—the idea has every phase of material objectivity in America, from a mere charter with the privilege of conferring M. D. on individuals to Harvard with its wonderful aggregation of modern appliances. America, U. S., has more medical colleges than all the

rest of the world combined and while the white medical colleges are decreasing in number there is a tendency among colored medical men to increase the number of Negro medical colleges. There are three Negro medical colleges—more than enough—that are striving with some probability of success to meet the modern requirements of such institutions,—Howard, Shaw and Meharry.

These requirements are lecture rooms for didactic instruction, dissecting rooms for demonstrations, and laboratories for observation and experimentation—these to learn the SCIENCE of Medicine—clinics and hospitals for the ART of Medicine.

Leaving the struggles of Howard and Shaw with our benediction we turn our attention to the needs of our beloved Alma Mater.

Her one great and urgent need at present is a hospital—a school hospital—owned, controlled and manned by the college. It is the duty of the Alumni and friends to provide such a hospital. The time for individual hospitals to instruct Meharry students is past. They have fulfilled their function. Their day is done. We are at the parting of the ways. We must as a school go either up or down. We must have well established clinics, orderly, skillful and differentiated—Pediatric Clinics that know and teach Pediatrics—G. U. Clinics that know and teach G. U. diseases—Dermatological clinics that

know and teach dermatology—Ophthalmological clinics that know and teach diseases of the eye,—and gynecological clinics that will find their chief glory in mastering the diseases peculiar to women, and so on to the end of the chapter.

Differentiation is an evolutionary necessity of modern efficiency. This is true professionally as well as biologically. There are no universal geniuses,—Hermaphroditism is the sexual stamp of biologic inferiority and a pretension of professional universality is the badge of sciolism. "Jack of all trades, master of none," is the crystallization of the wisdom of the world on this subject. The man that is both a dentist and a blacksmith is not the highest type of either, and a hospital that is both a private infirmary and a school hospital cannot possibly reach the standard of efficiency demanded of the FIT in 20th century medical education. All honor, then to those heroes who blazed the way. Let us prove ourselves worthy successors to heroic pioneers by building creditably upon the foundation which their zeal and intelligence laid.

"I am coming to think that capacity for united effort to obtain a common object of primary importance, as distinguished from strife about formal or comparatively unimportant differences, depends upon the stage of development in civ-

ilization which the people or members of any great organization have reached. Every great nation seems to pass through a storm belt of incapacity to unite. The races that are capable of development beyond that point rule the world; the races that are not capable of it go down."

Whether we can pass this storm belt of incapacity in medical education and reach the terra firma of professional co-operation is to be answered by the Geo. W. Hubbard Hospital Association. A reasonable degree of altruism, co-operation and energy on the part of the Alumni and students of Meharry will enable us to build a creditable hospital on the grounds of this school. Let us each determine to pay our subscription at once and encourage others to do the same. Let us encourage our friends by creating an atmosphere of GET THERE—tense with energy and vibrating with action. We owe it to ourselves; we owe it to our people; we owe it to the grand men and women, ever blessed be their memory, who made Meharry a possibility, we owe it to them that their disembodied spirits may look over the battlements of Glory and see that they wrought wisely when they opened the door of opportunity to an ostracized race. We owe it to that genial and wise old man whose intelligence, zeal and self-sacrifice gave material objectivity and practicality to the Meharry benevolence. His eyes

should behold a memorial to him ere he takes passage with

“That dread ferryman
Which poets write of,
Unto the kingdom
Of perpetual night.”

Let us make him feel that the good he has done will not “be interred with his bones.”

What say you, friends, students, Alumni of Meharry? Can we pass the storm belt of incapacity? Are we going to co-operate cordially and intelligently to bring to a

proper fruition this glorious work for our school, ourselves, our race and our posterity; or are we going to sink into that “innocuous desuetude” and impotent inutility of jangling factions and clashing ambitions?

Meharry needs a hospital. Let us talk for it, pray for it, and work for it. A Meharry Hospital, “a favorable position for the study,” is within our reach. Shall we have it? What say you members of the Geo. W. Hubbard Hospital Association?

The January issue of the American Journal of Surgery is composed entirely of original contributions from the pens of well-known Southern Surgeons. Among those to appear we would mention, Pyuria by Howard A. Kelley, M. D., Baltimore, Md.

Transfusion of the Blood, its Indication and Technic, by J. Shelton Horsley, M. D., Richmond, Va

Tumors of the Lower Jaw. The Form most Frequently found in the Negro, by Willis F. Westmoreland, M. D., Atlanta, Ga.

Pylorospasm, by Stuart McGuire, M. D., Richmond, Va.

Prevention of Immediate Post-Operative Pain by Quinine Injections

by Drs. V. & V. W. Pleth, Seguin, Texas.

The Importance of Educating the Public in regard to Cancer, by Southgate Leigh, M. D., Norfolk, Va.

Aerogenes Infections, by George R. White, M. D., Richmond, Va.

Stricture of the Rectum, Complicating Fistulae, by C. S. Venable, M. D., San Antonio, Texas.

Gastric Symptoms from a Surgical Viewpoint, by Louis Frank, M. D., Louisville, Ky.

Dr. Edgar D. Capps, of Ft. Worth, Texas, and H. Berlin, M. D., of Chattanooga, Tenn., will also contribute original articles to this number.

Obstetric Hemorrhages

**By W. W. WOLFE, M. D., Newark, N. J.*

For convenience in discussing the subject, let us classify all cases of bleeding associated with uterine pregnancy into four classes:

In the first class of cases we will include those in which hemorrhage takes place during the first few months of pregnancy, the so-called abortion cases.

In the second class will be included those cases in which hemorrhage occurs from the premature separation of the placenta, normally placed, so-called accidental hemorrhage.

Third class will include Placenta previa.

Fourth class, that of Post-partum hemorrhage.

Abortion may be threatened, inevitable or incomplete. It is important in undertaking the treatment of these cases, to learn which condition you have to deal with. In the early months, the symptoms of these conditions are sometimes so nearly identical, accurate differential diagnosis is difficult. The one constant sign, is hemorrhage, pain, cervical dilatation, appearance of the separated ovum at the outlet, or extrusion of part of the uterine contents, are signs not always present.

Hemorrhage, even though profuse, cannot be depended upon as pathognomonic of inevitable abortion; for bleeding may occur from

time to time throughout pregnancy without interfering with it. However, its long continuance must be regarded as significant, and may demand emptying the uterus even when development of the ovum has not ceased.

Pain is a variable symptom and may be due to other causes. A patulous os usually means the loss of the ovum; but such has been known to contract and pregnancy has gone on to term. When the ovum can be felt through a partially dilated cervix, evidence of abortion is almost conclusive. But, if there be doubt of the possibility of saving the pregnancy, valuable information may be had from bi-manual examination of the uterus. This, if the contents be still intact and "In situ," gives to the touch a sense of resiliency which is peculiar to the pregnant state, but is better felt than described.

If the ovum is dislodged or broken up the uterus is found to be doughy, or intermittently contracting. When you have found that abortion is progressive and inevitable there are two indications to be met:

(a) Emptying the uterus.

(b) Restoration of the pelvic organs to their normal condition.

The dangers to be looked for are hemorrhage, infection, subinvolu-

tion and subsequent displacement of the uterus.

The best writers of the country are agreed on these points, but there is difference of opinion as to the method best calculated to attain the desired results. Some claiming it is better to follow an expectant plan in the hope that spontaneous evacuation will occur and still others who believe in instituting radical treatment at once and the removal of the uterine contents, by operation.

The expectant treatment consists in trusting largely to nature—absolute rest in bed, in a room kept as quiet as possible, and free from visitors; repeated doses of *virburnum* in mild cases, morphine for cases where pain is present, light diet and the bowels emptied by an enema. If the hemorrhage is profuse the vagina should be lightly tamponed and above treatment administered.

The advocates of this plan of treatment claim that all obstetric operations, whether at term or before, increases the morbidity and mortality of the puerperium, and would delay any surgical operation until some indication, such as hemorrhage or infection compels it, believing as a general principle these cases do better when left to nature; that those who have not been subjected to forcible removal of the uterine contents are in the end, in just as good health as those who have undergone operation; that retention of the decidua

has little or no influence upon convalescence; endometritis, chronic congestion and displacement are no more frequent results; and that subsequent functions—menstruation, childbearing are not more likely to be interfered with.

They also point out the dangers of intra uterine manipulation and instrumentation. The other side claims that when abortion cannot be prevented the patient is in constant danger from hemorrhage and sepsis so long as the products of conception remain in the uterus; and that, on this account alone, immediate interference should be practiced. It is further believed that involution is more prompt and complete if a thorough emptying of the uterus of the ovum and all the secundines be accomplished at once; that menstrual disturbances and chronic lesions of the uterus and neighboring organs are less liable, and following sterility is not so frequent, and the risk of the abortion in subsequent pregnancy is not so great. From the above argument each practitioner must choose for himself which plan he will follow in these cases. While I say this, I am conscious of the fact that our surroundings will not allow us at all times to do what we would like to, but must do from necessity. Following the conservative method the treatment will be largely expectant, the patient be allowed to complete the natural process of emptying the uterus, the medical attendant holding himself

in readiness to interfere, should the indication arise for doing so; should the attendant be unable to stay with his patient or should hemorrhage be profuse, a light vaginal tampon should be applied, for not only will the patient be left in safe condition but in case of hemorrhage dilatation will proceed more rapidly. I think the conservative plan of treatment is safer for general use, especially where one is not skilled in operating, and those who find their surroundings such that asepsis cannot be secured. There are thousands of patients treated each year successfully, by this method and if complications follow they are explained in many instances by the fact, that the patient has been treated carelessly and the condition made light of. With careful observation, such as all these cases should have, I am of the opinion that complete recovery would be the rule in every spontaneous abortion. If subinvolution follows, appropriate treatment should be given for it.

The separation of the placenta normally placed, the so-called accidental hemorrhage.

Hemorrhage occurring before or during the birth of the child is always a dangerous and sometimes a fatal complication; and with exception of injury to birth canal, the hemorrhage from a normally situated placenta is just as frequent as from placenta previa. Many theories have been offered as

to the primary cause of separation of the placenta, and as yet none are entirely satisfactory. A normal placenta may rarely become detached under certain conditions, but in the great majority of cases the placenta is diseased or there is some pathological condition of the patient which affects the placenta. The exciting cause in many instances may be direct violence, such as a kick or blow upon the abdomen or over-exertion, stretching, shock, severe vomiting, coughing and straining may be factors in causing separation of the placenta. The pulling of a short umbilical cord on the placenta or diminution in the size of the uterus after rupture of the membranes especially in premature deliveries, or after the birth of the first child in the case of twins may produce it. When the placenta separates, the vessels of the decidua serotina are torn through and the uterus is unable to check the hemorrhage, owing to the products of conception still being retained and preventing the uterus from contracting and retracting down on the vessels. The blood lost in this way may be external, concealed or combined and in either case the bleeding may be mild or severe. If hemorrhage be concealed its existence must be recognized by the constitutional signs produced by bleeding, and especially by the reaction, which in the early stages of hemorrhage, the uterus manifests to the pres-

ence of a clot within its cavity. The patient complains of considerable pain, usually sharp in character, the uterus early in the hemorrhage is hard and sensitive to the touch, remaining contracted without relaxation and as the clot enlarges the patient's suffering becomes greater, until the loss of blood causes the symptoms of shock and prostration to overshadow the pain. The treatment in mild cases, occurring during pregnancy, is practically the same as that already spoken of as appropriate for threatened abortion. If the patient is in labor and hemorrhage is slight, no treatment is necessary, but if in any case bleeding is more profuse, labor should be hastened by the introduction of an elastic bag. This will act more surely than rupture of the membranes, and preservation of the membranes intact is safer for both mother and child. When hemorrhage is severe the uterus should be emptied as speedily as possible, consistent with the welfare of the child and the soft parts of the mother. In this condition hemorrhage will continue until the uterus has been emptied, hence the necessity for accurate diagnosis and prompt action.

The best method in these cases of severe hemorrhage, external or concealed, is manual dilation of the cervix, or if the cervix be unyielding, the use of incision, delivery being accomplished by for-

ceps, version or craniotomy, if the child be dead.

Placenta previa is of three varieties, marginal, lateral and central. Hemorrhage from placenta previa differs in severity and danger with the variety of placenta previa present.

Marginal or lateral placenta previa is less dangerous than partial or central placenta previa; yet the former are not without serious consequences, for in these cases the patient often suffers from irregular and continual hemorrhage whose cause is not recognized until the patient is greatly depleted. The diagnosis of marginal and lateral placenta previa may be greatly aided by careful auscultation of the abdomen; if the placenta be upon the anterior uterine wall, its bruit may be recognized by placing the stethoscope just above the pelvic brim. In patients with thin abdominal walls and relaxed tissues, it is occasionally possible to recognize the situation of the placenta by palpation. If the presenting part enters the pelvic brim, the tendency to hemorrhage is less; and if the membranes be ruptured and the uterus made to contract, hemorrhage may thus be controlled by pressure of the fetus against the placenta, compressing it against the uterine and pelvic walls. It is rarely necessary to interfere with these cases until the first stage of labor. If the cervix be resisting and the child be alive, the cervix may be sufficiently di-

lated under ether to introduce an elastic bag, first rupturing the membranes and passing the bag within their cavity to make direct pressure against the placenta.

Sufficient amniotic fluid may thus be retained to protect the fetus from pressure while hemorrhage is controlled, and dilatation of the cervix expedited. If the cervix be largely dilated and the membranes intact their rupture and the stimulation of the uterine muscles will cause the fetus to descend and check the hemorrhage by pressure, you are then able to deliver the patient by forceps or version when the condition demands it.

One must be on his guard against post-partum hemorrhage, for delivery may be followed by partial separation of the placenta: if free bleeding continues until the placenta has been delivered. After the uterus has been emptied, it should be firmly packed with sterilized or aseptic gauze and the vagina moderately tamponed.

In central placenta previa it is not so much the choice of method of treatment as the promptness with which it is carried out and its early performance which brings the best results. The need for prompt action in central placenta previa is as great as in ruptured ectopic gestation, and the mortality of the former will not be materially reduced until this fact is recognized.

In selecting the method of treat-

ment one must carefully study the condition of the cervix. The attachment of the placenta to the cervix renders it much more vascular and in many cases easily lacerated and infected. If the patient is in good condition, having lost very little blood and the fetal heart sounds regular, the physician should try to save the life of both mother and child. It is true that he may, if necessary, sacrifice the life of the child in the interest of the mother, but this should not be done if it can be avoided. In placenta previa the rapid dilatation of the cervix by metal dilators is a very dangerous procedure. Severe laceration opening into the pelvic or peritoneal cavity, with profuse hemorrhage, has followed such a course. If the cervix is to be dilated and the fetus delivered through the vagina, the womb must be opened in such a way as to lacerate as little as possible and at the same time control the hemorrhage during dilatation by pressure. If the life of the fetus is to be considered and the cervix is soft and partially dilated or dilatable, you may anesthetize the patient, perforate the placenta with the fingers sufficient to introduce a good size elastic bag through its substance and gradually dilate the bag to its fullest capacity. In this way pressure will be made upon the placenta and uterine vessels, hemorrhage will be checked, uterine contractions excited, dilatation increased and the way opened

for delivery by forceps or version. It is well to introduce the largest size bag which can be employed to avoid necessity for changing the bag before delivery. The same result may be accomplished by the use of vaginal tampon. If the cervix is soft and partially dilated or dilatable and the life of the child is not to be considered, you may anesthetize the patient, separate the placenta sufficiently to introduce enough of the hand to grasp a leg of the fetus and bring down the lower extremities and breech into the cervix using the fetus as a plug or tampon. Don't proceed to extraction, but allow it to remain in the cervix until spontaneous uterine contractions occur and ample time has been given to stimulate the mother. In such procedure the fetus almost invariably dies from loss of blood and asphyxia, but dilatation is accomplished without extensive laceration and the method is a conservative one as far as the mother is concerned. Several hours may elapse between the bringing down of the fetus and its final expulsion. One should be prepared, at this time, to check post-partum hemorrhage, removing the placenta and debris promptly and thoroughly tamponing the uterus and vagina.

POST-PARTUM HEMORRHAGE

This may occur in the third stage of labor or after the expulsion of the placenta, and the source of bleeding may be the uterine

sinuses, cervix, vagina or perineum. It is often the case, patients lose too much blood in the third stage of labor.

After the expulsion of the child the uterus relaxes, in some instances, sufficiently to allow free hemorrhage within its cavity, comparatively little blood escapes externally and no danger signal in that way given. We have all noticed cases where a large amount of blood has collected within the membranes, and again in some instances, a considerable amount of blood is expressed before the placenta can be expelled.

The fault comes very often in the failure to observe not only the height of the fundus uteri, but also the size of the uterus, both immediately after the birth of the child and during the placental stage, so-called. The fundus should be kept at or below the navel during the third stage, for if it rises above that point it is very likely blood is accumulating within the uterine cavity. If massage and compression of the uterus fail in controlling the bleeding whether external or internal, the placenta should be removed at once by the Crede method, if possible, or if that method does not succeed and bleeding continues, the placenta must be extracted manually. After the uterus has been emptied, the source of bleeding should be located. Bleeding from laceration of the vagina or perineum is rarely profuse enough

to be alarming, but the appropriate treatment is the suturing of the torn part. It is very important to differentiate bleeding from the uterine sinuses and that from the cervix for the treatment of the two conditions is radically different; where the cervical artery is torn, as a rule, the uterus is well contracted and blood will escape in a small bright stream. Where the hemorrhage is from the uterine sinuses the uterus is usually soft and the bleeding is more profuse. In the majority of cases bleeding from the cervix will cease if no douche is given, a vulva pad being applied and the uterus is allowed to take care of itself—the fingers being kept on the fundus merely to note its height and the degree of contraction. The limbs of the patients are brought together in an extended position, and no massage of the uterus being allowed. In rare instances it may be necessary to suture the torn cervix, an operation with good light is not difficult, as a rule, to perform. If unable to suture the cervix, a firm tampon of gauze will usually check the bleeding. To control hemorrhage from the uterine sinuses; first massage the uterus; secondly a vaginal douche of weak antiseptic or normal salt solution at a temperature of 116 degrees F. Should hemorrhage continue, a uterine douche of the same solution at the same temperature. While this is being given the nurse may prepare a solution of acetic acid 2

per cent and if bleeding continue two or three quarts of this solution are given as a uterine douche. The last solution given at a temperature of 116 degrees F. will usually check all bleeding from the uterine sinuses, but should hemorrhage still continue, it is well to pack the uterus at once with sterile gauze.

Ergot should be given by the mouth or if bleeding is severe by hypodermic immediately after the placenta is removed.

Of course in an emergency the plan of treatment would be different because of the lack of hot solutions for injections. In cases of this kind the uterus should be vigorously massaged, the placenta removed, the uterus compressed as tightly as possible against the symphysis pubis. Should hemorrhage continue, the hand should be carried up into the uterus and after all clots are removed, firm bimanual compression should be made. Then if necessary, strips of sheeting or clothing should be carried up into the uterus and used as a tampon.

Good results are obtained sometimes by pressure on the abdominal aorta. Hemorrhage having been controlled, the patient should be given at once large quantities of hot saline solutions with stimulants, preferably in most cases, by rectum, but if necessary intravenous infusion should be resorted to, and in some cases hypodermoclysis will prove more beneficial.

The great value of saline enemas with whiskey and strychnine

can hardly be overestimated and whenever the patient loses more than a pint of blood they may be given to good advantage. The ordinary remedies—application of heat, raising the foot of the bed, bandaging the extremities for acute anemia should be carried out.

SECONDARY HEMORRHAGE

This after a good primary contraction of the uterus is a rare oc-

currence, but should the complication arise, it should be treated on the principle spoken of in primary hemorrhage. In some cases the uterus is not made to contract properly immediately after the birth of the placenta, and again it will be found that in some cases hemorrhage is due to the retention of some portions of the placenta or blood clots; the treatment of which would be the removal of the foreign body.

The Skiddoo Seat

Is superstition stronger than education? The following points that way:

Senators are anxiously watching Seat 23 in the United States Senate and standing in fear and trembling lest it fall to their lot in the seat drawing.

Senator Burkett, who is about to make way for Gilbert Hitchcock, the Democratic Senator-elect from Nebraska, was the last man to come to grief while occupying the unlucky chair.

Disaster has pursued the holder of unfortunate Number 23 for many years. Senator Kittridge lost out while holding down the skiddoo seat; Senator Wetmore had many trials with a deadlocked Legislature while sitting in the unlucky chair; Senator McMillan died while the seat was assigned to him; Senator Wolcott, of Colorado, also met defeat while occupying Number 23.

All in all, the members of the

Senate shy from Number 23 as they would avoid a ha'nt. It spells disaster.

Dr. Charles E. Bentley, of Chicago, had the honor of introducing Dr. Horace Fletcher, of Fletcherism fame, last October when he delivered his lecture on "The Gateway of Human Health," in Orchestra Hall, Chicago, under the auspices of the Chicago Odontological Society.

Among the special Journals of great value to the general practitioner is the American Journal of Dermatology and Genito-Urinary disease, published in St. Louis, Mo.

The Virginia license to practice medicine is recognized in the following States: Indiana, Georgia, Michigan, Nebraska, Delaware, Maryland, South Carolina, Texas, Wisconsin, District of Columbia, West Virginia, Minnesota, New Hampshire, Missouri, Kentucky, Maine, Oklahoma, North Carolina, Arkansas, and Wyoming.

President's Address, Rock City Academy, October 17, 1910

By A. M. TOWNSEND, M. D., Nashville, Tenn.

From whatever viewpoint we may choose to take observation, we can clearly see amidst the halo that surrounds us signs of progress made by the Rock City Academy of Medicine and Surgery during the past year.

When by choice I was seated at the steering wheel of this organization my determination was, in the expression of my acceptance, that with your co-operation my endeavor would be to bring this organization to a point of recognition and authority within its sphere in this community, and to make the office of President, to be desired and sought. With the Sparker and Governor properly adjusted the run has been made without a blow-out or even a puncture, and my fond hopes have been turned into joyful fruition.

During our administration fourteen (14) have been added to our membership. The treasury has increased from \$22.75 to \$74.60. The body has changed from a migratory body to a stationary body. This change has proved to be best and we believe has been a great factor in our progress. Our growth demanded a new Constitution and By-Laws. The same has been completed and printed.

The greatest and really "on-

liest" Negro Journal, the Journal of the National Medical Association, we have placed on our file by paid-up subscription, beginning with No. 1.

The arrangement of the programme for the year has proved advantageous and profitable. It gives the appointee ample time for the careful preparation of his subject to present to the Academy and consequently the quality of the papers presented have been above the average.

A provision was made for all papers read before the Academy to be placed on file of the Academy. This has not been done. We think it an excellent provision however and would urge its being done in the future.

The following excellent subjects have been presented and discussed: Coryza, Treatment of Eczema, Antral Empyema, The Para-Thyroid Question, Curable Stages of Tuberculosis, Progress in Medicine, Appendicitis.

Special attention and interest have been manifested in those diseases that are now claiming the attention of the profession in general viz.: Pellagra, Hookworm and Bubonic Plague. With reference to these last mentioned, I wish to congratulate you upon the spirit of in

vestigation that has been exhibited by the members of this Academy. And along with this spirit of investigation, the spirit of co-operation is to be commended also.

The Academy did itself credit in the entertainment given Dr. A. N. Kittrell of Memphis who addressed the Meharry Alumni Association.

To me the crowning of the year's effort was the public meeting held at St. Paul A. M. E. Church, June 13, 1910, and the launching of the Meharry Summer Clinics. The echoes from the public meeting at St. Paul are still heard with increasing clearness, and we are unable to calculate the good that meeting has done and is yet doing as its echoes strike the hillsides of this community and reverberate through the valleys of negligence and carelessness in Nashville. As it seems to me herein lies one of our greatest missions as an organization,—to teach the people how to prevent disease and the like.

The summer clinic was launched to meet a long felt need in Nashville. It serves to close the gap between the sessions of the school when charity patients in search of treatment drift away from us. We must continue to use our efforts persistently, to get and to keep our people under our control, and turn the tide from some other institutions, where under the garb of nice treatment and free service they take advantage of our people for experimental purposes and to

find out their shortcomings and misgivings. We must do what we can to shut this door of opportunity, whereby selfish and prejudicial individuals are enabled to strike a line on Negro immorality and degeneration and publicly expose it to the world, while the very same conditions as they exist among their own people be not mentioned.

The summer clinics served its purpose well. We succeeded in saving some clinics who are now attending the regular clinics. Each member of this Academy was appointed to serve one day in each week. Some of us did not render service in this direction. The Monday clinic by Drs. Elliott, Dunn and Holman; the Thursday clinic by Drs. Caruthers, Hale, Fisher and Fowler; the Friday clinic by Drs. Bandy, Townsend and Bugg and the Saturday clinic by Drs. Lester, McMillan and Hadley were held regularly. They report some interesting cases treated. We hope this clinic will be continued under the direction of this Academy.

It would be selfish in me to take unto myself all the honor and praise and credit for the success of this year. Be it far from me to even so desire. We could not have attained the height we have reached had it not been for your enthusiasm, endorsement and encouragement. I wish, therefore, to express my gratitude to you for your hearty support and co-operation in every par-

ticular and in every capacity during our administration.

Our object, as I see it, is first to help ourselves and second to help others. The first to the end that we may keep abreast with the times and nurture the growth and diffusion of medical knowledge and encourage the spirit of investigation and investigative rivalry, and bring about a closer relationship and better understanding and stimulate friendly intercourse among us. The second, to the end that the public may be educated in regard to the broad problems of Hygiene and how to obtain and maintain health. To teach our people the importance of patronizing and having confidence in Negro physicians. To teach them that it is to their interest when sick to send for Negro doctors and to go to Negro hospitals where their infirmities may be treated.

By our co-operation and harmonious endeavor we have bound ourselves into a compact organization which meaneth much to Nashville. One of the greatest assets lies in the impression and influence we have made in this community. The results of our co-operation are seen in the formation of other organizations that have taken us as example. They are seen in the respect we demand. So great is our influence becoming that any regulation we may deem best to adopt pertaining to the profession is willingly accepted as authority by the people.

In the State Association we are in the van, are the moving spirit, and are so regarded. We go forth in such a phalanx and in such imposing style, that we are looked upon as the greatest and most successful physicians of the state, to the end that nearly all of the outside physicians want to come to Nashville to practice. Not boastfully, but we can be justly proud, for we have with us the leaders of the profession not only in the state but in the South. In Surgery there are Boyd, Wilson, McMillan, and Stewart; in Specialties there are Roman and Caruthers; as expert anaesthetists we have Bandy and Elliott; in Microscopy there is the peerless Holman; in Anatomy there is Hadley; in Physiology there is Lester; in Pharmacy there is Bright; in Dentistry, Singleton and Napier we put against anyone; the rest of us are able to hold our own as medical men and investigators.

This organization holds a conspicuous place in the National Association. We are delighted to have two of the charter members of that Association as members of this organization. We are proud of our Editor Roman, and our representatives have "made good" at the annual meetings.

I have given vent to these boastful strains not haughtily but because I think them worthy of mention in this connection.

My hope is that our relationship may remain such that this organi-

zation may at all times hold its place of prominence and importance in Nashville, in the state organization and in the National Association. And, that this station occupied by us may only serve to stimulate us to closer relationship for the purpose of investigation and the advancement of medical knowledge, the elevation of professional character and the promotion of all measures of a professional nature that are adopted to the relief of suffering humanity and for the improvement and protection of the lives of the community. May it never happen to us, as often happens to human affairs that the vivifying principle becomes afterwards the dissolving principle.

RECOMMENDATIONS

1. That Secretary keep record of money paid in and paid out, balancing account at each meeting.
2. That at least a summary of all reports be spread upon the minutes of the Academy. The Treasurer's annual report to be recorded in full.
3. That we have two public meetings during the year instead of one.
4. That steps be taken to regulate fees for the practice of medicine.
5. That our interest be manifested in the National Medical Association by paying the membership fee of \$5.00.
6. That we encourage in every way possible the spirit of investigation.

It is true that we are under the abiding temptation to yield to the tradition and customs of the past, to enslave our freedom of thought and our originality, to contract our philanthropy by binding ourselves to rules and by wearing the fettered uniforms of would-be authorities.

Nothing is more pitiful than to see a human mind, capable of the loftiest flights, the most beautiful visions, the wisest expansion and deepest research cramping itself, like the Chinese do their feet, into moulds antiquated, nauseating, putrescent, deadly. The most inspiring facts that characterize our history today are the breaking of idols in every sphere of thought, the breaking of medieval fetters, the release of men from the vaults of a dark imprisonment and their introduction to the larger liberty of "working out their own salvation with fear and trembling" and their refusal to bow the knee to any arbitrary king or decayed authority. Caesar, Hannibal, Alexander, Napoleon, Wellington, Grant and Lee won their battles not by rigid adherence to the theoretical cut and dried rules of war, but by intuition, instinct, and the power to make use of opportunities or mistakes in the emergencies which could not be foreseen. So, too, must the physician, often fighting overwhelming odds, dis-

ease and death, be free from rigid and unwavering adherence to theory, but, beside the sick bed, in a chamber over which Death like a pall is hanging—invested with almost autocratic power, impressed with the solemnity and responsibility of his calling, taught to value human life as scarcely anyone else does—he must prove himself a discoverer of conditions, a master of agencies, a deliverer from calamities and a hero in a crisis.

To investigate, to find out for ourselves makes an obligation as wide as life, and our energies should therefore be as expansive as our vision of human needs, as generous as our sympathies and as manifest as our opportunities. Controlled by these principles, working head, heart and hand by day and by night, we make illustrious our profession as members of that ministrant league of helpers and healers found beneath the stars of all climates and in the homes of all sufferers, and become heirs to that celestial reward bestowed by the "King in His Beauty" when He shall say, "I was sick and in prison and ye ministered unto me, enter ye into the joy of your Lord."

Upon the shoulders of the physician has indeed fallen the mantle of a mission: To redeem humanity from illness and physical suffering—this is your work. To carry the cross of a crusade against the most cruel enemies which torment the human race—Disease and Death—this is your calling. To

offer a soothing balm to all who feel the pangs of pain, whether it be in the home of the rich and noble on the fashionable square, or in the shanty of the poor and humble on the commons—this is your vow.

He whose province is to relieve the body of its ills, to cast sickness from its strongholds, to heal the wounds, to cure the pain, to still the moan, to stop the tears, to bind up the broken hearts—he who is the patron saint of the sick room, the genie of the hospital; he who is the harbinger of hope, the herald of peace, has one of the noblest missions. What is the proof? Its vindication is written in the thousands of unbroken hearts in which midnight hand to hand fights with death have been fought and won; its vindication is written in the thousands of lives rescued from abnormality and made useful; its vindication is written in unshed tears and forestalled pain and baffled death; its vindication is written in the child and parent both of whom were saved at the same time by Caesarean Section; its vindication is written in the practical elimination of small-pox and the fact that not a single case of yellow fever appeared in the United States during the year 1908; its vindication is written in nations saved from pestilence and plague; it is written in the discovery of Anaesthetics by means of which the "fierce extremity of suffering has been steeped in the waters of oblivion and the deepest

furrow in the knotted brow of agony has been smoothed away for ever;" it is written in the discovery of Antiseptics through which alone is Surgery made possible; it is written in the discovery of Antitoxin which makes the saving of human life no longer doubtful; it is written in the fact that sight given to the blind, hearing to the deaf, limbs and movement to the halt; hope and joy to the myriads under the sad burdens of vice, habit and heredity; and finally its vindication is written in the tales of progress, in the story of advancement, in the onward and upward march of **the race**.

There can be no loftier, more practical manifestation of love to men than is exemplified in the benignant effort to assuage the ills to which mortality is heir; nor can any devotion be more privileged and inspiring than that which softens the shock of disease, illumines the darkness of mental and physical distress, and from the debris of misfortune, vice and heredity creates anew the image of divine perfection.

To wear even the garb of a physician presages you in the estimation of the people to be the very embodiment of confidence, the vanguard of protection. It is the doctor who enters the sanctum sanctorium of the life and the home and learns its secrets. It is the doctor into whose keeping are given those interests which are guarded from the world. It is the

doctor to whom the confession of many a wrong is made, and who must listen to the tales of many woes and sufferings. And he who would take advantage of this unlimited and unqualified confidence is not fit to wear the spurs of a physician.

Nashville boasts of the high and excellent standard of its physicians. This Academy endeavors to maintain this standard. I wish here to congratulate you for placing yourself on record by taking a stand against any member of this organization who may be adjudged guilty of conduct unbecoming a physician, as in one instance we were called upon to do during this year.

Finally, I would have you understand that to him who fails to make a religion of the healing art, it is the most cheerless, wearisome and thankless labor on earth. How often has it come to every one of us that those very persons into and out of whose homes we go daily, for whom we submit our body to toil by day and to storms by night, with whom we are in the hour of travail and distress, and in the night of death, and for whom we do the most are the most ungrateful beings in the realms of human beneficence.

This caution as I close I wish to give you. Into the arena of various professions for greed and gain the physician has drifted. I'll admit that a desire to gain is an element of human nature. This

desire is indeed a valuable asset if kept in bounds. But it frequently intensifies to a degree that is almost irresistible in its influence upon men's feelings and will. Like the rapids of Niagara, this desire in excess sweeps its victim on in utter helplessness and dashes him over into the foaming abyss of unconscious degradation and wretchedness. And now as I pass from this station of responsibility in this Academy my sincere hope and wish is that this desire for gain on the part of the members of this organization may never reach the point where sight of professional and mutual interest will be lost, and we cease to be ethical, harmonious and friendly in our vieings.

I want hereby to assure you of a continuation of my loyalty and support in this organization: and

that the ensuing year may be characterized by greater progress and success, and the ties that now bind us be strengthened and tightened is my wish. May brotherly love prevail and every moral and social virtue cement us.

"Oh, who would not a member be

In this Rock City Academy?

Uprouse ye now, brave brother band,

With honest heart and working hands;

We are but few, toil-tried but true,

And hearts beat high to dare and do.

There be those who long to see

The day dawn of prosperity,

We will—still determined be

In this Rock City Academy."

Our Exhibits

One of the attractive features of the meeting of the National Medical Association is the display of the products of the manufacturers of medical, surgical, dental, and pharmaceutical supplies. These are always looked forward to with considerable interest and pleasure by the attending delegates. Nor were they disappointed at the 12th Annual meeting in Washington, D. C., 1910, for through the energy of our solicitor, Mr. J. C. Burlls, we had on hand possibly the best display witnessed for several years.

Those who took space with us are the following:

A. N. Scurlock, photographer, 1202 T Street, Washington, D. C.; S. S. White Dental Manufacturing

Company, Philadelphia, Pa.; Southern Dental Manufacturing Company, New York, City; J. E. Hanger, Dental and Surgical House, Washington, D. C.; Laine Chemical Company, New York City; Charles Lentz & Co., Surgical Instruments, Philadelphia, Pa.; McKee Surgical Instrument Company, Washington, D. C.; Horlicks Malted Milk Company, Racine, Wisconsin; D. Appleton Company Book Publishers, Philadelphia, Pa.; Martin & Goulden Surgical Lamp Company, Baltimore, Md.

We wish in this publication to acknowledge our indebtedness to the above firms, and invite the attention of our members and subscribers to their products. We intended to do this in our last issue, but by some means it was overlooked.

Infant Hygiene

**By W. E. REID, M. D., Portsmouth, Va.*

Hygiene is that department of sanitary science which treats of the preservation of health. Infant hygiene deals with the preservation of the health of infants.

Writings on health are among the oldest in the world, for the subject has engaged the attention of the profoundest thinkers and most renowned leaders of men. We have only to point to the elaborate directions in the Mosaic laws for the preservation of health.

Throughout the whole of their history, the Jews have enjoyed a remarkable immunity from epidemics of disease; the most of the instances in which such disease occurred being represented as those in which they departed from the law, and doubtless relaxed the wholesome vigilance enjoined by it. In medieval and modern history they have often, and even down to our own time, been spared the ravages of epidemics, when their Christian neighbors were perishing around them. It is highly probable that the periodical cleaning of their dwellings had a notable influence in preventing that continuous deposition of organic matter, which is no doubt one of the most powerful factors in the production of zymotic disease.

To my mind, there is not in the whole range of medical literature,

a subject more important and vital to the welfare of the community than infant hygiene.

To a certain extent, the future greatness of a state will depend upon the well-being of her children, upon their economic value, their numerical strength, and what they can bequeath to posterity. If we are to have ideal conditions of health, we must work to that end. We should study with the greatest possible concern those diseases which are responsible for the alarming death in infant mortality. You have probably observed that of all persons, children are most liable to variations from normal conditions of health. Such changes are usually due to the violation of some physiological law. And the period in child life of greatest susceptibility is during the first two years. The healthy infant is but slightly, if at all, affected by the process of dentition. But with the weakling, especially if bottle-fed, this period is indeed a struggle for existence.

According to good authority, "In the last quarter of a century, the mortality of children has continued almost constant, while the mortality of older persons has decreased nearly one-half." How can we account for this apparent lack of improvement in the death-

**Read at 12th N. M. A., Etc.*

rate of children? I think it will be found to proceed from failure in the dissemination of the physiological necessities of a growing infant. When the mother is unable, through lack of knowledge, to understand the fundamental principles of hygiene, she is in need of such instruction as will enable her to intelligently care for her child. I believe the average mother would welcome any information on hygiene that would insure a better understanding of the prevention of disease. There is today a very fine opportunity for the physician to correct many of the defects of infant feeding, and to suggest methods in cleanliness that will be appreciated by the mother and give health to the child. I do not hesitate to say that there is a real necessity for the performance of this work, because we all desire to improve the physical stamina of the children of the race. To use the language of one writer: "The well-trained infant is likely to become an apt infant school-pupil; and so throughout the early years, stage by stage, the child forms a center of interest and duty in many and varied aspects. The past tells upon the present, and the present controls the future. And so to speak the child is the father of the man."

You can readily observe then how tremendously the man of the future may be influenced and helped by giving the infant of to-

day the fullest advantage of proper hygienic surrounding. My plea therefore, is for perfect cleanliness, for prophylaxis, and for a campaign of education for the sake of the mother and the bottle-fed infant, to the end that fewer children of this class shall be lost. This idea of helping to solve our sanitary problems is in keeping with the latest methods of scientific thought and progress.

I have seen dozens of cases in which fatal endings were directly traceable to the mal-administration of food.

Particular emphasis is here placed upon the question of food, because such matters as climate, bathing, ventilation, and clothing, are all of secondary importance. Recent statistics have shown that "Of 22,476 cases of fatal diarrhoea 88.8 per cent were under one year. Of 19,886 fatal cases in the first year, nearly 70 per cent were under six months, and 90 per cent under nine months. Of this entire number, less than 2 per cent were breast fed. Fatal diarrhoea is almost solely of the nursing period. It is never seen in a child fed exclusively at the breast of a healthy mother. Artificial feeding is the cause of fatal diarrhoea. Of the fatal diarrhoeas only 1.2 per cent belonged to the higher classes; all the rest to the working classes. Food is the medium through which the bacteria find their way into the organs of alimentation."

In cold weather the danger, of course, is not so great. But at this season of the year when milk spoils so readily, and when the mischievous house fly is so much in evidence, the greatest precaution should be taken.

In my own home, where five children have had to be given artificial food, I have seen alarming conditions set in from giving commercial preparations containing too much sugar. I have also seen grave symptoms develop from simple over-feeding. And on more than one occasion it was necessary, after a consultation, to discontinue all foods and substitute albumen water. In some instances, especially during dentition, but for a fortunate discovery of complications in the beginning, there would, in all probability, have been a fatal ending.

Gastro-intestinal disease is the commonest and most perplexing affection of childhood, and forms one-half of the whole number of infantile disorders. Those cases seen late, or which have been allowed to become chronic, are the most unsatisfactory to treat. The majority of such cases terminate by death rather than by convalescence.

The acute and subacute cases of infantile diarrhoea deserve special consideration, because the most of them, if wisely treated, can be cured. In all intestinal disorders, limewater plays a conspicuous part, and should not be left out of

the list of therapeutic agents. Castor oil is another drug which should be given high rank. It is today more largely used than in previous years, because it eliminates with such complete satisfaction all harmful ingesta.

TREATMENT

In the treatment of the diseases of infancy, only certain drugs need be used, and these should not be given until a most careful examination of the patient has been made. When called to a case of acute diarrhoea, I find it to be good practice to give to a child one year old or under, 1-4 gr. of calomel. This is usually followed by a teaspoonful of castor oil. Should the diarrhoea continue, the milk of bismuth or some other astringent preparation is given.

If the case is complicated by fever, say temperature 102 degrees the Syr. of Quinine with minute doses of the Tr. of Aconite and Liq. Ammonia Acetatis may be given. Frequent bathing is enjoined. With restricted diet, fresh air, and proper management, the child will recover.

The greatest care and attention to all the symptoms will be found necessary to the successful treatment of a case of diarrhoea occurring in a bottle-fed infant. The cause is first to be sought for, and, when found, should be promptly removed. Bacteria play the largest part in the etiology of these disturbances. They enter the system with the food or water. Hence

the necessity for the most scrupulous cleanliness in the preparation of the food.

Should the mother be unable to supply milk, and if too poor to afford a wet nurse, she will find cow's milk the best substitute. But even with the exercise of every precaution, such as sterilizing the milk and scalding the bottle and nipple at each feeding, disturbances of digestion and diarrhoea will surely occur, especially in hot weather. Only with the experience of an intelligent mother, nurse or physician, will a fatal ending be averted. So, as a matter of safety, I recommend the use of condensed milk. The best brands do not spoil readily. It is easily prepared, and will, with the addition of a little limewater, be freely digested by the most delicate infant.

To check the diarrhoea in these cases, I have used with satisfaction, Glycothymoline. Dilute with sterile water, it can be used both to flush out the bowel and by mouth. A combination of bismuth and tannic acid in small doses will often be sufficient. If the case is obstinate, it will be better to temporarily discontinue all food. Give the child a dose of castor oil, and allow it to subsist upon albumen water. This plan will generally be followed by recovery.

Every physician who feels that in matters of public health and sanitation he has rendered his best

services to the community can still do just a little more. Very often the little things, if properly done, are fruitful of large results. During the last decade, there has been a general awakening throughout the country in the interest of improved sanitary conditions. Success has attended these efforts to the extent that many epidemics of contagious disease have been promptly checked, and finally stamped out.

It is indeed a hopeful sign of the times that in most of the great centers of population, so much is being done to improve the sanitary conditions, and to decrease the annual death rate. Due credit will be given for what has already been done in this direction by local, state, and national endeavor. But in none of these crusades against disease has there been organized a well-defined movement, having for its object the relief of suffering infants. Instead of this however, active work is being done in many cities by both races to limit the spread of tuberculosis. These organizations are under the management of progressive and intelligent leadership, and will do much in limiting the spread of this disease.

In many of the public schools, the pupils are given special lessons in First Aid To The Injured. This training includes, as you know, intelligent management of emergencies, due to either sickness or accident.

Again, it will be observed, that when the child reaches the kindergarten or public school, he is handicapped with some physical defect, which, if removed, would greatly facilitate the work of education.

Now then, since it is necessary for the city, or individuals, to foster organizations for the relief of the consumptive, or to make expenditure in correcting the physical defects of school children, I hold that it is far more important to properly train and make healthy the infant, so that its growth into vigorous man and womanhood will produce a more perfect immunity to disease.

And let us hope that the National Medical Association, an organization whose influence is so poten-

tial for good, will resolve to improve upon the achievements of the past, to the extent of sacrificing, if need be, time and money for the promotion of better hygienic conditions of the children of the race.

If we may judge the future by the past, there is a solution of this problem.

Verily, a new era is dawning upon us. Let us respond to the cry of the suffering infant by formulating a program of lectures to be given in our churches. This is the method by means of which the mothers can be most successfully reached. And if the lesson of hygiene in caring for the offspring is well taught, the result will not be in doubt.

This Stork Beat Doctor **Then a Washington Woman Sues** **Him for Five Thousand** **Dollars.**

Washington, Oct. 22.—How a physician lost out in a race with a stork is told in a petition to the supreme court this week, when Mrs. Mary A. Thomas filed suit for \$5,000 damages against Dr. Arthur C. Merriam.

The suit is one of the most peculiar ever filed in the supreme court of the district, the point involved being whether a physician may be held responsible for not being in his office or fail to leave a note where he can be found.

Mrs. Thomas informs the court that Dr. Merriam was warned several weeks before April 1 last that the stork was hovering over the Thomas home, and she alleges that for that reason he should have held himself in readiness for the emergency. Despite this warning, she alleges, it took members of her family three hours to locate the physician, and by the time he arrived at her home the proverbial bird had performed its mission and departed.

Because of the absence of the physician Mrs. Thomas avers she suffered physical disability, and makes that fact the ground on which she claims \$5,000 damages.

Where Should The General Practitioner Stand?

By J. W. JONES, M. D., Winston-Salem, N. C.

Mr. President, Gentlemen of the National Medical Association, Ladies and Gentlemen:

Is there any room for the general practitioner? One would think not so, when he thinks of the many different specialties. There is the Dermatologist, the Aurist, Rhinologist, Gynaecologist, Stomatologist, G. U. Specialist, Abdominal Surgeon, Naval Surgeon, Tuberculosis Specialist, Specialist of diseases of the eye, ear, nose, throat and chest, Obstetrician, Pediatris, Pathologist, Bacteriologist, Neurologist, Ophthalmologist, Chiropodist, Habit Cure Specialist, Osteopath, who is now a legal practitioner in some states, etc., on down.

Then what is left for the general practitioner? Oh yes, you say, Scarletina, Diphtheria, etc. But they are claimed by the Pediatris. and the said claim is disputed by the Dermatologist and the Laringologist. Well you say, fevers affecting those above the age of puberty, other than the eruptive fevers which belong to the dermatologist, and child-bed fever which belongs to the Obstetrician. Until recently you have been correct, but of late we have this taken up by the specialist, and some one has written a book on his new specialty, and from the great success

he is achieving, I have no doubt many will take up this specialty.

Is the office of the general practitioner then, nothing more than the assorting-room in a laundry, where the bundles are brought in, assorted, labeled and passed up to the proper department, or is the general practitioner nothing more than a floor walker in a large department store, whose duty is to see that all inquirers arrive at the proper place?

Not so, the general practitioner must be as able to make a diagnosis in appendicitis and other surgical diseases as the surgeon, and when an operation is demanded, he should know the symptoms of ruptured tubal pregnancy or carcinoma uteri, as well as the Gynaecologist, and if he does not operate himself, he must know when an operation is necessary and always be able to advise his patient intelligently and truthfully when to have, and when not to have an operation.

He should be able to make as early a diagnosis of tuberculosis as the tuberculosis specialist, and should be as fully competent to treat it. He should use the Pathologist, Bacteriologist, Surgeon and other specialists to help him in making a diagnosis, and in help-

ing him to treat his patient, and not be used by them. He should act as a safety valve to these specialties, and should stand in relation to them as does the rudder to the ship.

Now it is well known that all these specialists are more or less "faddists." The only sane man is the one that stands four square to every wind that blows, who has no lobby, who weighs everything properly and gives to everything its proper weight; who is well-balanced, who never chases a rainbow. We all know that in this world we often find the thing we are looking for. You remember the story of the Queen who called two of her subjects together and said to one, "Go and gather all the flowers in my kingdom," and to the other she commanded, "Gather all the thorns and thistles in my kingdom." The first returned,—“May it please your Majesty the task is too great, there is nothing in your kingdom but flowers.” The second likewise reported, “The task is greater than a million men could accomplish, for I find thorns and thistles everywhere.” You remember the story of the rich woman who went the rounds of all the specialists. The Neurologist gave her electricity, hydrotherapy, etc., the tuberculosis specialist gave her the rest cure, serum therapy, the surgeon did a nephrectomy, and the gynecologist did a curetage, ventrofixation and oviarotomy, and so

on until she had run the gamut, suffering many things at the hands of the doctors, and like the man in the Bible, her last state was worse than her first. Until finally she went to a General Practitioner who gave her a dose of Hg. Chlor. Mitis and cured her. And so I say the General Practitioner must act as a safety valve. It seems necessary to the existence of these specialists that they should ever and anon, under the inspiration of their work, get an extra heavy head of steam, and the General Practitioners allow them to blow off and no harm comes of it. Listen to these men, they are well posted in their line, learn of them, but it is not necessary to accept everything they say until you have proven it to be true.

Have the bacteriologist help you in making your diagnosis, but if he fails to find the tubercle bacillus, when you have many of the symptoms of tuberculosis, don't wait on him to make your diagnosis, make it yourself and he will corroborate you later. On the other hand if he finds the Klebsloefler bacillus in a healthy throat it is not necessary or wise for you to quarantine your patient. If you call a surgeon in to see a patient with you, and after failing to find anything else in his line he finds an imaginary appendicitis, and describes with great eclat and holy horror the terrible abyss over which your patient is hanging.

when you know she has never had the appendicitis, have the manhood to stand up and say so. And here's hoping that you will have the confidence of your patients so surely secured that you will never spend an unpleasant moment on account of the consultants enthusiasm over his hobby. Just act as a safety valve for him and no harm will come to anyone.

The greatest need of the medical profession at this time is the ability to make an early diagnosis. Take for an example perforations in the typhoid fever, an operation in the first few hours gives a good chance to save life. Postponed twenty-four hours on account of the General Practitioner failing to make a diagnosis, and the case is hopeless. Perforative appendicitis is equally as fatal if operation is postponed for a few hours, and the General Practitioner is responsible. Volvulus, intussusception and obstruction of the bowels from other causes are only susceptible of a cure if a diagnosis is made inside of a few hours.

The General Practitioner is the man who has the patient in charge. Probably the greatest good the tuberculosis specialist has done, is stressing the great importance of an early diagnosis, and necessarily his lamentation has been directed to the General Practitioner, because this responsibility, and a great responsibility

it is, falls upon his shoulders. Cancer can be cured if an early diagnosis is made, and the proper treatment is instituted, and again the general practitioner is the man who is first consulted and in whose hands the destiny of the patient lies. In Extra-Uterine pregnancy it is the General Practitioner who must of necessity be Gynaecologist and Obstetrician, and who must make the diagnosis while it is easy to save life. In Diphtheria the General Practitioner cannot always have the Bacteriologist at his command to confirm the diagnosis, and if he waits to institute treatment until he gets a report, the child may be beyond the possibility of recovery. I could go on at length, but it is useless, you have the idea.

Does the General Practitioner measure up to his requirements? In the main, yes. Is he as capable of making a diagnosis in typhoid or appendiceal perforation as the surgeon? There is certainly no reason why he should not be. Is he as capable of making a diagnosis of extra-uterine pregnancy as the obstetrician or the Gynaecologist? If not, why not? Then it is apparent that the general practitioner must be as well posted on the symptoms, and treatment too, if you please, of all diseases as the specialist is in his line. He may not be able to properly conduct the treatment for all diseases but this is no reflection on him. Do you know anyone who is? Isn't the field of

surgery large enough for one man? Isn't the eye, especially if you couple with it the nose and throat, enough for one man? Do you think the General Practitioner should equip himself to cover the field of all the specialists? Certainly not. This would be impossible if only the armenentarium were considered, but unless he does equip himself mentally as well as the specialist, he does not measure up to the requirements of his profession.

"All work and no play makes Jack a dull boy," is true to-day. It is true as regards the medical profession. The specialists have a way that amounts to a fad, of taking a week or two off once a year or once in two years, and going to the medical centers to watch the work of their confreres in their line. The General Practitioner works longer hours, more days and more nights than the specialists, and if anybody deserves a vacation once in a while it is the General Practitioner. You owe it to yourself, you owe it to your patients, and your patients owe it to you. So tear yourself away and visit your confreres in the medical centers and in other states, and across the pond if you like. It will make you a better doctor, and therefore you will be worth more to your patients and your community. Your patients will feel a pride in the fact that their family physician has gone to the City to see if there is anything

new going on in medicine, and perchance you should feel you are really worth more to your patients, let it appear in the bills. There will usually be no kick coming. Of course your patients will get sick in your absence, and will have to call another doctor, but what difference does it make? If you are worthy of them and they are worthy of you, they will return to you and if not, others will come in their stead.

May I ask again, is there any room for the general practitioner? Most emphatically, yes. The general practitioner is the basic work, the ground work of our profession.

I cannot close without saying a word in commendation to the profession that composes this Medical Association. Time was within the memory of most of us when if an operation of any kind were needed the patient must need journey to the city of Baltimore, Philadelphia or New York, but not so any more. In almost every city in our grand old Union we have well-equipped hospitals where any kind of operation can be, and is done by our own surgeons with equal ability and often times with better results than is obtained in the larger hospitals in our larger cities.

Today the Negro medical profession is wide awake, and up and doing. A new operation of great importance is done today in some of our great medical centers. You

need not be surprised if it is done in North Carolina tomorrow by a North Carolina surgeon of our race. A new treatment for tuberculosis is promulgated from the continent by cable, possibly to the New York World. Our learned specialist in Asheville, N. C., will be using it tomorrow. The treatment of pellagra done by Drs. Moore, Shepard and others in Durham, N. C., is worthy of a place beside work done by any other physician in this country and should have a valuable place in medical literature.

And may I be pardoned if I say

that this Association has had much to do with bringing about this spirit of progressive medicine throughout the length and breadth of our country? All honor to the men of our profession who helped bring about this state of affairs. Some of them have gone to their final reward, all honor to their memory and peace to their ashes. And let those of us who are here realize the great responsibility resting upon us, and let us march forward shoulder to shoulder, hand in hand, conquering and to conquer.

Explanation

On page 317 of Volume II, No. 4, of the Journal, in the report of the minutes of the Thursday afternoon session of the last meeting of the N. M. A., the following paragraph, as reported by the stenographer who took notes of the meeting occurs:

"Dr. Dumas, of Washington, D. C., suggested that the remarks of Dr. France, which referred to the lungs of the Negro as not being as strong as those of the other race, be stricken from the minutes. The suggestion was unanimously accepted."

Dr. France takes exception to this, and asks that corrections be made. On reference to the minutes as recorded by the Assistant Secretary, we find the following remarks by Dr. France in his discussion of Dr. Bowles' paper, and which remarks are alluded to in the above paragraph:

"Dr. France complimented the

writer, but stated that nothing new had been brought out in the paper. He did not think that environment alone was responsible for the large mortality of the disease among the Negroes. (He would have the lung structures of the body of both races examined to determine whether or not there was any predisposition in the Negro to tuberculosis.)"

Dr. France stands by these remarks, and does not understand why exception was taken to them to the extent that a motion was entertained and carried to have them stricken from the minutes. We find then only in justice to the doctor that his exact statement should be given here, just as recorded by the Assistant Secretary. We venture to remark that it may be that the stenographer misunderstood Dr. France in his discussion, and misquoted him, and that the action of the Association was taken on the misunderstanding. We trust that this public statement will set the matter in a clearer light to all concerned.

Pro and Con The Recent Virginia Dental Law; or Medical Education For The Dentist

**By ROSCOE C. BROWN, D. D. S., Richmond, Va.*

Mr. Chairman, Officers and Members of the National Medical Association—Gentlemen:

Before proceeding with the presentation of the facts in the case, I shall briefly acquaint you with the legislation which marks the initial step in this country to more adequately prepare the future applicant for the credentials to practice dentistry. The law provides that recognizing dentistry as a specialty of medicine and surgery, first, after said acts become effective, no one shall practice dentistry in the state of Virginia unless he shall have passed examinations and received the certificates provided by the law, there being nothing in the law however, to restrain authorized physicians from extracting teeth or any other person from extracting teeth of anyone suffering from odontalgia. This section further provides the penalty of a serious misdemeanor for violation of ^{the} law. Secondly, from and after January 1, 1910, anno domini, the practice of this specialty in this state shall be a branch or specialty of medicine and surgery, and no person, after this act goes into

effect shall be given the examination or a certificate required by section 4 of this act unless he shall first show to the satisfaction of the examining board provided herein that he has passed the examination provided by law for applicants to practice medicine and surgery, and has received from the Virginia State Board of Medical Examiners the certificate thereof as required by law to be given by them to such applicants. This is the most explicit section of the law and obviates the necessity of giving the attenuated forms of law of the remaining eight sections which provide for the State Board of Dental Examiners, examinations and certificates (section 4 referred to above), et cetera.

Concisely, gentlemen, this is the recent Virginia dental law, approved March 14, 1910, which has inspired volumes of praise, but, like other reforms, has provoked some severe opposition. And, because of this division of opinion, I shall attempt to reconcile the arguments with which I have become familiar, first, reminding you, however, that in the allotment of a score of minutes I can-

*Read at Twelfth Annual Convention National Medical Association, Washington, D. C., August 23, 24, and 25, 1910

not present arguments in detail, and will consequently give you brief statements verified by a perusal of these discussions.

Prominent among the discussions and manuscripts are the following deductions in advocacy of the law: 1, Medicine being a science treating of the diseases of the human body, their prevention and cure, to become thoroughly competent to practice upon one part of the body, it is necessary to possess knowledge of the whole.

The scientific practice of treating diseases of a special part of the human body must logically, then, be a branch, a specialty of medicine. Dentistry, treating affections of the oral cavity, which are second to none in their importance and bearing upon the general health equation of the human family, is a branch of medicine and merits the degree of M. D. no less than the other specialties, ophthalmology, neurology, et cetera.

2. The knowledge of the allied professions of medicine and dentistry should be in possession of each practitioner of either, for, by familiarity with the conditions heretofore indigenous to the respective professions, the human family, for whose best state of physical, and, indeed, social welfare we operate and co-operate, may be instructed in measures of hygiene and prevention, or, at least, an early cure. Whereas, if

the conditions of the one profession are unknown or vague to the practitioner of the other, who so often has the first opportunity to observe them, patients may suffer in consequence of such lack of knowledge, mature diseases, more or less dissipating their vitality, which may have been inhibited or aborted in their incipency.

3. The laws of nutrition and metabolism of all parts of the body, all reflexes, in short, all vital phenomena are correlated, and it, indeed, seems that no argument should be necessary to make the conviction that a specialist who, in the treatment of lesions of a circumscribed region of the body, may be confronted by complications involving the most vital functions of the entire system, should be fully capable to cope with all conditions and crises, local or general, which may arise.

4, Four European countries, Italy, France, Hungary and Belgium and Australia have devoted much deliberation and scientific study to the relation of the two professions, and, as a result of their deductions, recognizing the fallacy of giving a class of therapeutists and surgeons dominion over a part which constitutes an intimate unit of the whole vital mechanism, without general knowledge of the latter, have preceded this country in demanding general medical and surgical training as a prerequisite for the certificate to practice den-

tistry. They reason that every other specialty is the result of a supplementary study and practice of the organ, group of organs, or systems included in the specialty and that the dentist should not continue to practice, alienated as it were, from the paternal profession of all the other branches.

5. The greatest research work, the most commendable contributions to the dental profession, have been made by fellow-practitioners qualified in general medicine and surgery. The much beloved scholar and advocate of progressive dentistry, Dr. W. D. Miller, whose loss to the profession of two continents left a vacancy the most honored and proficient might well wish to fill, could not have gained for the profession the recognition of noted authorities and societies if he had not possessed the degree of a liberal professional training. A study of the literature of dentistry reveals the fact that most of its best authors were dentists with general medical and surgical training. The faculties of many dental colleges are largely composed of professors with the titles M. D., D. D. S., or D. M. D.

6. Therapeutics and surgery are the branches of the profession which qualify the dentist for the D. S. or M. D. of his degree. If his profession is to be classified by the mechanical restoration of dental structures, the degree of Sc. D. would be more accurate. But

the cosmetic and ingenious operations of the dentist are, by a large margin, secondary to the important fields of hygiene, prevention and cure of diseases and irregularities, which necessitate a general knowledge of therapy and surgery.

These, gentlemen, are the deductions from the argument of the available literature on the subject by those favorable to the new legislation. And, now, I shall briefly present the negative argument, and express for your consideration the writer's summary and comment. In the order of the stress laid upon it, the opposition contends, 1—That it places a hardship upon the student in requiring superior preliminary training and two courses of study, thus retaining the future dentist within the confines of college walls about twice the number of years required now, with extra expense and a greater strain on the nervous mechanism, conditions best appreciated by men whose maintenance in school is a personal responsibility.

2—That the present courses as outlined for the two professions will have to undergo some radical changes to conform to the provisions of the new law, causing, to a large extent, the trials and delays of reorganization.

3—That the average number of graduates in dentistry heretofore will be lowered because many students entering upon a course to

consummate it in the degree of D. D. S. will feel fully prepared for a good life's work with the title of M. D. and will convert the desire to practice dentistry to a determination to follow the general practice of medicine.

4—That giving the two degrees of M. D. and D. D. S. to the practitioner of the future, and qualifying him to practice both professions, may lead to a division of his services in an endeavor to utilize the dual qualification, and he might prove deficient in the one to the extent that he gives time and application to the other.

5—That for two or three years following the graduation of those students who matriculated before the new law would involve them, there will be no degrees of D. D. S. conferred, and the waiting public will be denied the probability of professional services they are sorely in need of.

6—That the requirement of the law for full medical and dental training as essential to the practice of dentistry will militate in large measure against the public confidence which the profession has spent years, beset with many difficulties, to establish.

With these objections, then, a satisfactory solution of the problem naturally suggests a compromise, and as logically the dentist, because of his daily practice, the best judge of the extent to which he should be prepared in the gen-

eral principles of medicine and surgery, his profession should be the main source of the means wherewith the adjustment may be effected.

Assuredly, the demand for a higher standard of training for the future dentist is no reflection on the dentist of today, for there are few of us who are not now, after a number of years of experience, prepared to meet the emergencies that may arise from our operations, or to fathom the constitutional derangements which often underlie dental disorders. But, such important knowledge should not be left to the option or opportunity of the busy practitioner who may not successfully acquire it. Rather, it should be given at college, in the same classical manner that he secures his special training. Notwithstanding these facts, it must be declared that the dentist of today is not proficient to the full extent of his field. On the other hand, being aware of a deficiency in certain fundamental and general knowledge of medicine and surgery he limits his field of operations so as to avoid those conditions with which he is not familiar. The few unfavorable reports of general treatment by the dentist indicates that he is a specialist in the strictest sense of the term. But, it must be admitted that overspecialization is as dangerous as it is undesirable. When a spe-

cialty becomes so far advanced, or prone to pseudo-idealism, as to be withdrawn from affiliation with the main practice which gave birth to it, there is a great hazard awaiting it on the high seas of ever-changing environments.

Of course we need specialists. The general practitioner himself would be seriously embarrassed in the treatment of certain obscure conditions, and many affections of the special organs, if the profession of medicine and surgery did not have men, who, after years of special study and practice, are peculiarly qualified to diagnose and treat these perplexing disorders. We do not discourage specializing; we ask only that it maintain a thorough identity with the general profession.

Every dentist, not so qualified, can testify that a general knowledge of medicine and surgery, would inspire more confidence in the extensive operations of his field, and give him a greater range of both therapeutic and surgical practice. Syncope, neurasthenia, infectious diseases, and other conditions affecting the general vitality of the patient would not present any great difficulty of treatment as complications of dental and oral conditions, if the preparation of the dentist included general instruction in normal and morbid anatomy, the discriminating practice of therapy, and the technique of general surgery.

Surely, it is difficult to treat otorrhea, ophthalmia, neuritis, et cetera, without understanding the etiology and treatment of the general conditions of health underlying these perversions of nutrition. Likewise, certain oral conditions are not amenable to local treatment, and can be successfully combatted only by a mastery of the primary cause of mal-nutrition.

The recent Virginia dental law then, is a progressive step toward meeting the prevailing necessity, but it is not altogether without faults in that it lacks the full endorsement of the dental colleges.

However, this movement to raise the standard of dentistry should not be discouraged. Rather, it should receive the hearty support of the profession, for the desire for technical and financial success has already, be it regretfully said, supplanted to a large extent the aspiration for greater proficiency in therapy and surgery, and the treatment of the general conditions affecting the vitality of the oral cavity. The commercial oedipus, which so often proves deadly to the higher callings, is already coquetting with the profession of dentistry, and the impending crisis must be averted by raising the standard above its far-reaching tentacles. Further, the dentists of Virginia should not be accused of any selfish motives in endorsing this legislation, for the brief sus-

pense of two or three years before the regular graduation of dentists is resumed under the new law will not be a source of any benefit to the present profession, while, on the other hand, the higher degree of preparation of the new graduate will render him better qualified to occupy a prominent position in both professional and public society.

According to the present course of study as outlined in most medical schools, the dental student branches off from the medical class at the end of the second year, after acquiring the fundamental principles of the science of medicine, just at the point where the practice of medicine begins. This is a serious mistake in the training of the dentist, for the last two years of the medical course would be far more valuable to him than the mere abstract knowledge of anatomy, materia medica, and so forth. In other words, the dentist should have medical training. Even aside from its value in the regular course of his practice, it is more than desirable as a preparation for many emergencies which may arise in public or private assemblies, of which he may form a part and be sought for first aid. Accidents happening in the vicinity of the dental office may throw upon the dentist emergencies which would prove very embarrassing if he were not prepared to manage them. In his home, the

family naturally regard the dentist as capable of rendering them medical assistance when occasion demands it. And, especially such training valuable to the dentist who may practice in villages or small towns, and be denied the opportunity for association and mutual development in medical societies.

Yet, it is not necessary to require two separate courses to meet the necessity. Indeed the new law practically abolishes the dental college in Virginia, in that the first two years of the medical and dental students are almost identical; hence, it would require but one, or, say two years, for the M. D. graduate to add the title D. D. S. Here it must be brought to mind that the eye, ear, nose and throat specialist, and the neurologist are not required to meet such rigid qualifications, though the importance of the organs and their functions involved in these specialties is not less than that which attends the operative and therapeutic procedures of the dentist.

These facts suggest two propositions, either of which should solve the problem to the reasonable satisfaction of all concerned, I submit them in the order of preference.

First, increase the number of years required for graduation in dentistry, say, to five years, and include in the course of study and practice the general medical and

surgical training it is expedient that the dentist should possess. The State Board of Dental Examiners could then raise its standard of examinations according to the new course of dentistry, the desired results being adequately tested for by having this body composed of men, either as individuals or in the aggregate, capable of certifying to the fitness of the candidate to practice dentistry under the new regime. This would maintain the identity of the dental college, raise the standard of dentistry, and work no undue hardship or injustice on either the student body or the colleges.

Second, place the specialty of dentistry on par with other specialties of medicine and surgery. Colleges could then maintain special or post-graduate courses by which the medical graduate desiring to practice dentistry could prepare himself for this specialty. This would necessitate a change in the methods, and, very likely, the personnel of the State Board of Medical Examiners. Graduates or practitioners desiring to practice any specialty should then be given special examinations as a test of their qualifications to enter the new field. Of course, it is evident to any would-be specialist that his general medical and surgical training would have to be supplemented by particular study and practice. However, the public welfare demands that specialists, into whose care many grave con-

ditions are trusted by the general profession itself, should meet specific requirements.

Careful consideration of the above propositions should evolve good premises upon which to bring about the satisfactory adjustment of the problem of standardizing the profession of dental medicine and surgery. Either would substantiate the argument of the "pro's," and meet, if not with any great degree of concession certainly with justice, the opposition of the "contra's."

In conclusion, gentlemen, I direct your attention to the interdependence of the allied branches of medicine in the promotion of the physical welfare of the human family. Dr. D. A. Ferguson, of Richmond, my friend and colleague, in his paper, "Professional Care of Deciduous Dentures," read before this Association in New York, 1908, emphasized this growing demand. The medical practitioner is urged to use his opportunity to observe first certain abnormal and diseased conditions of the oral cavity to the advantage of the dentist, by advising a correction of these disorders before they become aggravated. Should it then be more incumbent upon the doctor of medicine to render "first aid to the dentist" in discovering, diagnosing, and reporting oral conditions to him, than for the dental practitioner to possess sufficient medical training for reciprocity?

This must not be construed to mean that the M. D., D. D. S. should practice both professions. Indeed, the wide diversity of some of the methods employed in the two professions would in itself obviate the pursuit of both of them. But, as in law, engineering, or any other vocation involving a multitude of principles and practices, the specialist is best prepared for his field who has acquired familiarity with the general science. Besides, the public health crusade demands a close and intelligent affiliation of the specialist with the general practitioner in solving the problems of relative health and disease, the importance of which has already inaugurated a movement to establish a separate department of the government to be devoted exclusively to the national health interests.

To be productive of the best results, this alliance must have as its corner-stone qualities, liberal education, culture and a thorough knowledge of the human system. Goldsmith says, "People seldom improve when they have no other models than themselves to copy after." Hence, the medical profession, general and special, should create a lofty standard, and concentrate its power and influence to maintain this ideal. "Knowledge is power and in the hands of experienced men, is great for good." It is an incontrovertible fact that the medical knowledge

possessed by the specialist is a lucrative source of increasing confidence and proficiency in his specialty.

Finally, gentlemen, the dental profession seeks this new standard, not for professional honor, for the practice of dentistry, though still in its infancy, has made a most commendable progress, converting the customary practice of extraction and substitution to, hygienic and preventive measures, therapy and surgery commensurate with its limited training, and practical processes of the genus; not recognition by the public, for the profession has been sought in no small measure for the health, comfort and facial appearance at its command, in spite of a dread born of the former days of crude practices; not to place any hardship on the young men who are aspiring to join us in our professional spheres, or to necessitate friction in the collegiate machinery which prepares them; no, gentlemen, not for any of these motives of vanity or inconsideration, but, rather, to render dentistry qualifiedly co-operative with the greatest profession devoted to human interests and to satisfy a natural ambition for higher training, inspired by a special knowledge of the masterpiece of God's creation, the human temple, for which one indeed "builds too low, who builds below the stars."

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THIS cut represents the official emblem of our organization. It is made in rolled plate quality hard enameled with blue back-ground and costs seventy-five cents and one dollar. Each member is requested to purchase one. It may be procured from the General Secretary on receipt of price.

A Personal Question--- New Year Greeting

Impartial self-examination and judgment is not only one of the rarest of intellectual traits but evinces the highest intellectual powers. It indeed would be helpful if every one would occasionally examine himself to see of what value he is to the profession or calling to which he belongs. You are either a plus quantity or a minus quantity or a zero. That is,

you either add to your profession or calling, or take away from it, or amount to nothing. Which is it? The question is purely a personal one—though a truthful answer will help us all.

That every reader of the Journal may find the true answer to this question and rule his life in accordance therewith is the Editor's New Year's greeting. If you know the truth and live the truth, the truth will indeed make you free.

Policy of The Journal

We have often been asked "what is the policy of the Journal?" The beginning of our third year is a good time to make formal answer to this pertinent but superfluous question.

From the initial number the Journal has carried on the front cover page the following extract from the editor's response to the welcome addresses at our annual meeting in New York City August, 1908:

"Conceived in no spirit of racial exclusiveness, fostering no ethnic antagonism, but born of the exigencies of American environment, the National Medical Association has for its object the banding together for mutual co-operation and helpfulness, the men and women of African descent who are legally and honorably engaged in the practice of the cognate profession of medicine, surgery, pharmacy and dentistry."

On a similar occasion in Boston, 1909, the editor said, "The N. M. A. finds its reason for being in American conditions and in the spirit of the twentieth century. It is the normal reaction to environment usually made by the winners in life's battles."

The policy of the Journal has been and will continue to be as long as the present force controls, to further the aims of the N. M.

A. and bring the blessing of inter-communication and co-operation to its membership.

In addition to this it is the policy of the Journal to fulfill all the functions of a first-class medical Journal.

The Doctor's Reading Matter

What should a doctor read? How much time should he spend in reading? What proportion of his income should be thus spent? These and similar questions are frequently asked by physicians. I shall here give an outline of what I think should constitute the Journal list of an average physician.

I. PROFESSIONAL

1. He ought to take and read a good quarterly—the Journal of the N. M. A. will fill the bill.

2. A good weekly journal, and there is none better than the Journal of the A. M. A.

3. A good monthly. There are many of these. The American Journal of Clinical Medicine, Medical Brief, Medical Council, Medical World form a good list to select from.

4. Some of the special journals, Obstetrics, Pediatrics, Surgery, Ophthalmology, Genito-Urinary Diseases, Hygiene, Sanitation, Therapeutics, etc., etc., etc. There is a long list to select from, any of which will do you good. The

American Journal of Physiologic Therapeutics will fill the bill for a starter.

II.—GENERAL

1. Local Daily.

2. Any special local paper that your professional or business interest or your race or religion may identify you with.

3. Some of the weekly or monthly summaries of the world's doings. The Literary Digest and the Review of Reviews are typical and there are none better. Either will give satisfaction. I take both but prefer the former.

4. Some National weekly under class 2.

5. An ethic religious paper neither sectional nor denominational—The New York Independent is facile princeps here.

This list can easily be filled for twenty dollars without any reductions or club rates and would work no hardship if systematically planned and methodically executed. The fall of the year or Christmas time is the best for arranging subscriptions.

Now a word as to how to use them. Method in reading is almost as important as matter. It is astonishing how few among really educated folk know how to use or appreciate the value of a reference library. They think if you do not read a paper or book through from cover to cover every time it comes you have wasted

your money. A busy doctor who reasons that way will find his Journals piled up on his desk unopened and will consider his subscription money wasted as he sees papers going to the waste basket or kindling box in their original wrappers.

Method in reading and not parsimony in subscription is the remedy.

Personal experience commends the following rules:

1. As nearly as possible attend to duties as they arise. DO IT NOW. Procrastination is not only the thief of time, but the thief of success also. Postponement is the first step to neglect. "Through the streets of by-and-by we reach the house of never."

2. As far as possible avoid unfinished business. Complete the item at one attempt. You are making an entry in your book, some one calls. It is just as easy to ask your caller to excuse you for a moment until you finish that entry as it is to quit at once and leave it unfinished.

3. When a Journal comes give it three to five minutes immediate attention. Run carefully over the table of contents and check the articles that interest you. Sometimes you will find nearly the whole number interesting. Then again you will find some of the numbers have nothing in it that interests you. This method intelligently and persistently fol-

lowed will invariably reveal some article during the year that will be more than the subscription price to **you**.

4. Keep the checked journal in the line of your activities until you have devoured it. In your overcoat pocket, on your desk, in your grip, anywhere that you will continually come in contact with it.

5. Finally, cultivate the ability to select, not only the good from the bad, but the better from the good, and the best from the better. Books and periodical literature furnish a vast market place, rich with intellectual viands and to him who can select with judgment and utilize methodically, present

"A perpetual feast of nectared sweets,
Where no crude surfeit reigns."

The Uphill Road

A story is told of the stage coach days about an eccentric old fellow who drove his own coach in a remote and hilly region. He carried the mail and now and then a traveller. There was no interstate commerce commission to regulate his trips, and notwithstanding he crossed a state line he was monarch of all he surveyed.

One day found him headed for his mountain fastness with three passengers. With true American informality they got to talking to-

gether. Three rather startling facts developed.

1. They were all return passengers from the same place to the same place.

2. They were receiving identically the same accommodations.

3. They had all paid different fares, having graded first, second and third-class respectively. That is, they had each been asked which they preferred and the different prices had been given and each had selected a different grade; one paying \$10.00 for the trip, one paying \$7.50, and the other paying but \$5.00.

As the accommodation was the same the satisfaction of the passengers was in inverse ratio to the price paid—the \$10 passenger being the most dissatisfied—the \$5 man was jubilant with the satisfaction that superior wisdom brings. The \$7.50 man said nothing, but all were puzzled and thus they journeyed till the foot of a steep and muddy hill was reached. Suddenly the raucous voice of the stage owner sounded from the driver's booth "High, there! You passengers! Listen! First-class passengers, keep your seats, second-class passengers, get out and walk, third-class passengers walk and push the bus!"

Thus things were equalized, and everybody got justice and was satisfied. HAEC FABULA DOCET.

The Journal readers have been getting first-class accommodation,

but only paying third-class fare. Now, the only way to even things up and keep things going, is to get out and push some. This is an uphill road and the editors are struggling with might and main—**WON'T YOU PUSH?**

It is very easy to issue some kind of a publication at a profit but it is very difficult to issue such a periodical as the Journal without a loss. The Journal can only become a permanent success through the co-operation of the subscribers. Let every subscriber do four things and another palladium of medicine will be established.

1. Subscribe and pay for the journal.

2. Read the Journal and write a word of criticism or encouragement to the editors. Get the habit.

3. Report to the Journal "Items of Interest" from your neighborhood, such as unusual cases or treatments, epidemics, health laws, removals of doctors, etc.

4. Investigate the advertisements and write to those that interest you, mentioning the Journal. Finally, try to induce every teacher, lawyer, minister of your acquaintance to do the same, as well as every physician, surgeon, pharmacist and dentist.

We are travelling the **UPHILL ROAD. WON'T YOU JOIN US?**

"A Sermon"

Physicians as a rule are very serious in presenting to the public the dangers of disease dissemination; yet it is perhaps only the leniency of an indulgent Providence, that prevents these great "preachers" from creating and maintaining an universal epidemic.

The utter disregard that the average medical man has both for himself and the next patient, in visiting a contagious disease is little less than criminal. If more of them were treated to the experience of an English physician, there would perhaps be more care. The physician was sued for conveying scarlet fever to a child that subsequently died. It was shown that in visiting a near-by patient suffering from that disease, he had not taken the proper precaution to protect himself from contamination (such as protecting himself with gown, hood and gloves); as he immediately went from this house to the patient that became afflicted, it was contended that he had acted as carrier of the infection. The judge sustained the contention and the parents were awarded substantial damages.

Take for instance the use of thermometers; how many physicians own more than one; and how often is this one treated to anything more than a mere wiping? Yet this same instrument is carried from the

diphtheritic to the tuberculous patient, or from the active syphilitic to the typhoid and is used indiscriminately in mouth and rectum. How many physicians care to have a brother practitioner's thermometer used on them?

Other instruments receive about the same amount of care. Placing a speculum under a faucet of running water is about the only sterilization that it gets. A "Methodist Immersion" renders most of the others "sterile."

Cotton and gauze are removed from containers and the unused portions replaced, with absolutely no regard for asepsis.

And dentists are equally as guilty, the appearance of many dental forceps, coated with dried blood and crushed teeth, would indicate that they are not even acquainted with water.

One dentist told the writer that he didn't use a hypodermic "because the needles got rusty."

A little more care on the part of both physician and dentist would prevent many a case of infection; and shorten those cases already infected.

Fair Play

Authority should go with responsibility and the growing tendency to hold Negroes responsible for health conditions within the race might well be accompanied by a concession to competent Negro physicians of a wider share in the health administration of our cities.

In Kansas City, Mo., the administration of a well-equipped colored city hospital has been placed entirely in the hands of colored physicians and nurses; Savannah, Ga., has colored health officers; Clarksville, Tenn., has a colored physician on the board of health. These examples might be followed and enlarged upon with benefit to the whole community wherever there is a large colored population.

"606"

Reference was made in the last issue of The Journal to the discovery of the new anti-syphilitic "606," the use of which had provoked so much praise from those who had tried it; and raised such hopes in those who had become fearful that a real specific for syphilis would never be found. Up to that time the clinical evidence gathered, indicated remarkable and almost miraculous results. Further observations however, have shown that its use is not unattended with dangers. Where there is a distinct organic lesion and in the various para-syphilitic affections, especially paresis, it must be used with great caution and in many instances its use is entirely contra-indicated. The instructions laid down by its discoverer, Prof. Erlich, regarding its indications and the technique of its administration, should be carefully followed by all those contemplating its use.

A Great Personality

The passing of Mrs. Mary Baker Eddy, founder of the Christian cult, marks the close of a wonderful personal career and emphasizes a strange chapter in the psychological history of mankind. Without discovering anything new she founded a religion. Believing in the supremacy of mind over matter she organized that belief into a world-wide cult that brought her riches and fame. Whatever may be the final judgment of mankind upon the doctrine she preached, whatever may be the end of the sect she founded, it cannot be denied that she was a great personality that left her "foot-prints on the sands of time"—foot-prints that cannot be ignored by the medical historian.

As a class our professional men do not pay sufficient attention to scholarship—some of our men can't tell the difference between syndicate boiler plate matter and original matter like the Journal—they estimate the cost of the latter by the former.

The laity need to be educated upon the meaning of Medical Societies. I know of some instances where the stay-at-home doctors took advantage of the absence of their competitors at the medical society to tell the unsuspecting

laity that "that was a kind of school or examination that the absent ones had to go through because they (the absent ones) were not quite up to the requirements like them (the stay-at-homes). Sit Lux.

Medical Education

Nothing better illustrates the advance in medical education and the necessity of scholarship on the part of the doctor of today than the following examination given the Freshmen Medical Class in Meharry Medical College, December 31, 1910, by D. L. A. Fisher, instructor in histology in that college.

HISTOLOGY EXAMINATION

1. Describe the process of indirect cell division. Name the primary layers and the tissues developed from each.
2. Name the varieties of epithelium and the organ or organs in which each predominates. What is endothelium? Illustrate by drawing three varieties of epithelium.
3. Name the varieties of connective tissue. Give the development of adipose tissue. Describe jelly-like tissue and tell where found.
4. Give the histology of bone. In what ways are bone and cartilage analogous. Illustrate by draw-

ing a transverse section of bone. What are the Haversian canals? The intestinal lamellae? Circumferential lamellae?

5. Describe histologically voluntary muscle. What is the median line of Hensen. Membrane of Krause? Sarcolemma? Illustrate by drawing smooth muscle and cardiac muscle.

6. Name the histological varieties of nerve fibers. What are the white substance of Schwan? Nodes of Ranvier.

7. Name the varieties of colorless corpuscles. Describe in detail the use of the haemacytometer and haemaglobinometer. Illustrate by drawing a slide preparation of human blood.

8. Describe fully the blood supply to the liver. What is the capsule of Glisson?

9. Give a brief description of kidney. What are the pyramids of Malpighi? Columns of Bertini? Pyramids of Ferrein?

10. Describe in detail the process for the preparation of a piece of tissue from the animal to the slide.

Texas

Somebody has said that to the farmer, Texas was a garden of Eden; to the politician, it was pumpkin pie; to the lawyer, it was a large slice of the aforesaid and the sauce; to the preacher, it was glory hallelujah; and to the doctor, it was full of the paths of

glory that lead but to the grave. Be that as it may, the editor spent a very pleasant week in Texas during November last as the guest of the Lone Star State Medical Dent. and Phar. Association during its 24th annual session.

Leaving Nashville 11:30 p. m., Thursday, November 17, 1910, we reached Memphis next morning where we were met by our good friend and former pupil, Dr. E. E. Nesbit, who is one of the successful young physicians of that busy city. After a pleasant hour in his company, during which a good breakfast was served, we departed over the Cotton Belt for Dallas, Texas, our old home, where we arrived safely at 6 a. m., Saturday, November 19, 1910. From this point to the close of the meeting in Austin, November 24, 1910, we were under the careful chaperonage of Drs. F. A. Bryan and P. T. Hamilton. As "a rose to the living is more than sumptuous wreaths to the dead," I pause in my narrative here to thank Drs. Bryan and Hamilton for their work for the Journal. Busy and successful, yet the sun of Success has not soured the milk of human kindness in them. They have found time not only to subscribe for the Journal and read it but to get subscribers for it and to contribute articles to it. May their tribe increase! Selah.

The journey from Dallas to Austin was a pleasant night's ride

notwithstanding the handicaps of Jim-Crowism and the tendency of our folks to "ride the cars" just to be riding. Dr. B. R. Bluitt, the oldest colored physician (in point of practice) in Dallas and the leading colored surgeon of that section, Dr. N. J. Atkinson, of Greenville, President of the Association, Drs. Bryan and Hamilton of Dallas and the editor formed a company with sufficient internal force to bear with patience if not indifference the inevitable obstacles that beset the path of a rising people.

Reaching Austin twenty-four hours ahead of time we rested and recreated and planned till opening time.

Three days of good fellowship recreation and professional work characterized what was unanimously voted the best meeting all things considered, in the history of the association. Thursday night at nine o'clock Drs. Bryan and Hamilton transferred their chaperonage to Dr. L. D. Davis of Galveston who safely guided the editor from the Capital City, Austin, to that storm-tossed city by the sea, Galveston. Here we were met by our good friend Prof. W. N. Cummings. In the hands of Prof. Cummings and his beautiful and accomplished wife, the editor spent thirty-six of the pleasantest and most strenuous hours of his life. In the words of a German friend, "If I had any better time

I can't stand him." It was then with a feeling of relief and satisfaction as well as gratitude that we found ourselves Saturday, November 26, at 7 p. m. on board the train for Houston where we spent the night with our old friend and fellow alumnus, Dr. Ramsey of Houston, Texas.

Six o'clock, Sunday morning, November 27th, we were on board the train headed for Tuskegee, Ala., via New Orleans. Without accident or incident worthy of notice we reached the hospitable home of the managing editor of the Journal, Dr. J. A. Kenney, Secretary of the N. M. A. and Health Officer of Tuskegee Institute. Here we spent a pleasant but busy week, planning and working for the Journal, looking after some professional business and accepting the hospitality of friends.

Monday afternoon, December 5th, 1910 found us headed for Nashville, where we landed safely, Tuesday, December 6th, at 4 a. m. Thus ended a pleasant but strenuous trip of nearly 2,000 miles.

The able article in the January North American Review by Justice Horace H. Lurton of the Supreme Court of the United States, contending that this is a government of law and not of men, is one of the too seldom recurring incidents which prove that the principles upon which the government was founded are not dead. No class of citizens are more law-abiding and more interested in the reign of law than physicians in general, but especially colored physicians in this country.

SKETCHES FROM LIFE

"A tale should be judicious, clear, succinct;
The language plain, and incidents well linked;
Tell not as new, what everybody knows,
And, new or old, still hasten to a close;
There, centering in a focus round and neat,
Let all your rays of information meet"

I Saw From the Beach

I saw from the beach when the
morning was shining
A bark o'er the waters move
gloriously on.

I came when the sun o'er that
beach was declining
The bark was still there, but the
waters were gone.

Ah, such is the fate of our life's
early promise,
So passing the springtide of joy
we have known!

Each wave that we danced on at
morning ebbs from us
And leaves us at eve on the
black shore alone.

Ne'er tell me of glories serenely
adorning
The close of our day, the calm
of our night.

Give me back, give me back, the
wild freshness of morning!
Her clouds and her tears are
worth evening's best light.

Oh, who would not welcome that
moment's returning
When passion first waked a new
life through the frame,

And his soul, like the wood that
grows precious in burning
Gave out all its sweets to love's
exquisite flame!

—Thomas Moore.

Neither Liberty Nor Death

Hale Center Live Wire: Patrick Henry wanted liberty or death; he got both. All we wanted was to get married and live in Hale County. We did the one and are doing the other, and we don't sigh for any more worlds to conquer.

The fact that you got married shows that you didn't crave liberty like Patrick Henry; furthermore your residence in Hale County proves that you are not a candidate for death, as he was. Our understanding is that people do not die on the plains; neither are they wafted to heaven in their every-day clothes a la Elijah, but turn into mocking birds and fly to East Texas. How about it?—
Dallas News.

Music at Milking Time

Sherman Democrat: Those who have studied the science of dairying declare that the cow will give purer and richer milk if there is music near by. This seems ridiculous, but why should it? It has been demonstrated that to abuse the cow poisons her milk. "Mind has its influence over matter," and while the dumb brute can not reason like a man, it knows kindness from abuse, harmonious sounds from discord.

The thing is perfectly logical, perfectly safe and sane. That music has charms to soothe the savage breast is now accepted as true in all the Nations within the bounds of the postal union. And if music calms a savage why shouldn't it make Bossy tractable? An andante in A minor performed in the barn would make any normal-minded cow give sweet milk. A piano should always be kept in the cow lot for use at milking time, if it is inconvenient to have the cow come into the house.

—Dallas News.

Early in The Game

Neighbor—Is any one sick over at your house, Johnny?

Johnny—Dad's ailin' some.

Neighbor—Is he very sick?

Johnny—Not yet. Th' doctor only started t' come this mornin'.
—Chicago News.

What He Saw

Cleburne Review: Irritability is as much a disease as smallpox or typhoid fever, and it is a much more disagreeable disease than either of the two, for it continues to grow in violence until death comes, while smallpox and typhoid fever run their course.

State press has recently encountered quite a number of men suffering from this new disease. Some of them were so far gone that the disease must have become chronic and incurable. Just because he saw a thermometer the other day at noon one of these sufferers tore his collar from him, threw it into the street, unfastened his shirt, loosened his suspenders and snarled at people who gazed on him with all the fury of a cornered beast of prey. He was indeed ill, and his remarkable display of symptoms did not anger people near, but aroused their sympathy.

When "Sally in New York" was guilty of palingenesis, we passed it over as merely a venial indiscretion that time, experience, and a wider acquaintance would obviate in the future, especially as no complications were reported by the doctor. A Southern girl in a great city has to be mighty careful, so when she palingenised the second time, we felt that our confidence had been misplaced if not betrayed, and with avid

curiosity sought the reassuring consolation of the unabridged and learned that the ugly old caterpillar had been transformed into a gaudy butterfly, so to speak. This was comforting, though that way of saying it obfuscates the vision and hebetates the understanding of a clodhopper who has to read while he runs.

Sketches With Apologies to Shakespeare—Soliloquy

To be killed, or scared to death;
that is the question.
Whether 'tis better to grow fat
than thin,
Better to eat your bread and drink
your—tea,
Unmindful of the germs that lurk
therein,
Or to take arms against the bac-
teria horde,
To sterilize, to Pasteurize, to boil,
to chew,
To chew—and by much chewing
end
The stomach-ache and all aches,
not a few,
That flesh is heir to. 'Tis a con-
summation
Devoutly to be wished. Chewing
is good
But what is good to chew? Ay,
there's the rub.
We must not chew adulterated
food.
And what is pure? The vegetar-
ian

Says, "Naught with eyes is proper
food for man."

Alas for all the habits of the race!
Meat and potatoes fall beneath
this ban.

"Proteids are poison," say A, B
and C.

"The conquering races eat 'em,"
answers Z.

Says A, "You quite forget the
Japanese."

Thus everlastingly they disagree.
Argue, assert, question and criti-
cize,

Till naught is left to eat that's
really nice,
Except, for those who like it, but-
termilk.

And for a treat, occasionally, rice
Ah, who would stand eternally on
guard

Against the germ that lurks in
every kiss,

In every cup, in every breath of
air,

When he might easily escape from
this

With a bare bodkin, duly steril-
ized,

But for the paralyzing, awful fear
Of meeting after death the souls
of germs

That he has slaughtered in cold
blood down here?

Perchance I err, but oft it seems
to me

In certain reckless, atavistic
moods

That I would gladly give up my
Near-Tea,

Near-Coffee and the latest break-
fast foods

To live as all my ancestors have
lived
On pork and pickles, apple pie
and cheese;
To die as all my ancestors have
died
Of some old-fashioned, orthodox
disease,
And, if the idea strike my aged
head,
I may die on a nice fat feather
bed.

—Nautilus.

Poor Mary

'Twas "Mary had a little lamb,"
Not many years ago.
But now she has to vegetate,
So high the prices go.
Princeton Tiger.

A charming young woman named
Ginter
Got married in Salem last win-
ter,
Her man's name was Wood
And now, as they should,
The Woods have a cute little
splinter.

Superior Water

An old Negro, being asked if the
water of certain springs was pure,
replied: "Yess'um. Dis yar

water had been scandalized by de
best phrunologers in de land, and
dey say, dey do, as how it mun-
tain ten parts or exhide acide, ten
parts er cowbonic acid, and de
balance am clar hydrophobia—
yessum—New Bloomfield, Mo.,
News.

Habit

Habit at first is but a silken thread
Fine as the light winged gossa-
mers that sway
In the warm sunbeans of a Sum-
mer's day;
A shallow streamlet, rippling o'r its
bed;
A tiny sapling, ere its roots are
spread;
A yet unhardened thorn upon the
spray;
A lion's whelp that hath not scented
prey;
A little smiling child obedient led.
Beware! that thread may bind
thee as a chain;
That streamlet gather to a fatal
sea;
That sapling spread into a gnarl-
ed tree;
That thorn grown hard, may
wound and give thee pain;
That playful whelp his murderous
fangs reveal;
That child, a giant, crush thee
'neath his heel.—Unidentified.

Items of Interest: Newsy and Otherwise

Delinquent Members

Attention is again called to the fact that at the last meeting of the N. M. A. it was decided that six months from that date the names of all members of the N. M. A. who were delinquent in their dues should be dropped from the roll. Membership so lost can be regained only after all arrearages have been paid.

From October 27 to December 4, 1910, the Managing Editor had the privilege of spending some time in the state of North Carolina, where he met with many of the physicians of the Old North State. Old friendships were renewed, some new acquaintances were made and new subscriptions taken for the Journal. The writer was much impressed with the material progress of the Negroes in North Carolina, in general, and especially pleased to see the advancement made by the physicians, many of whom have built up substantial practices and are credits to the profession and to the race.

Dr. Anna R. Cooper of number 3812 Wabash Ave., Chicago, is the leader of a movement for the establishment of the Paul Lawrence Dunbar Memorial Sanitarium for the treatment of tuberculosis. It is planned to secure a building for this purpose, and in connection with the tuberculosis work a nurse's home and registry are to be instituted.

Dr. Roman Returns From Texas

Dr. Roman, as editor of the National Medical Association Journal, is doing a great work in the interest of the medical profession. He is being sought by state associations throughout the country to attend their meetings, to deliver lectures and hold special clinics in his special lines on the ear, eye, nose and throat.—Nashville Globe.

The American Proctologic Society announces through its committee that the cash sum of \$100.00 will be awarded, as soon as possible in 1911, to the author of the best original essay on any disease of the colon in competition for the above prize. Write to The Secretary, Dr. Lewis H. Adler, Jr., 1610 Arch Street, Philadelphia, Pa., for particulars.

The blacks again report more births than deaths, there being 397 births and 305 deaths, a difference of 92 in favor of the births.—Bulletin of the Texas State Board of Health, December, 1910.

Convictions of the heart cannot be repressed. Utterances of conscience must be heard. They break forth with irrepressible might. As well attempt to check the tides of ocean, the currents of the Mississippi, or the rushing waters of Niagara—Chas. Sumner.

Removal Notice

Dr. Theo. E. A. McCurdy begs to announce that he has removed his medical offices to 830 Tremont Street, corner Camden Street, up one flight, where he has opened well equipped modern offices for general practice and has installed an X-ray machine and other electro-therapeutic appliances, for patients requiring special treatment.

Thankful for past favors he will be pleased to welcome to his new offices, all his patients and other persons who may wish his services.

Every doctor should read Dr. Oster's "Defi" to the Antivaccinationists in the December McCluer's.

Dr. Harry F. Brown, of Baltimore, was married on January 14, 1911, to Miss Mamie A. Wiggins, of Brooklyn, N. Y. Dr. and Mrs. Brown are now at their home, 1501 Presstman Street, Baltimore, Md.

Dr. U. G. Mason of Birmingham, Alabama, advises that he has recently used to a satisfactory degree Salvarsin (606) on several patients. We hope that Dr. Mason will agree to report on these in the next number of Journal.

Through the kindness of Drs. Bennett and Scott, Dr. Roman conducted a surgical clinic on the eye and throat at the Austin Sanitarium. The operations performed by him were delicate and difficult. They were skillfully done and the results were in every way successful. Dr. Roman enjoys the distinction of being

the only Negro Specialist of diseases of the eye, ear, nose and throat south of the Mason and Dixon line.

On Wednesday evening at eight o'clock to an audience that completely filled the Auditorium of The Samuel Houston College, Dr. Roman delivered a lecture on race psychology. For an hour he held his hearers spellbound with his eloquence and his logic.

The presence of Dr. Roman at the meeting of the association was a great stimulus to the organization, and his able lectures together with his skillful operations proved the wisdom of the officers in selecting him as the special guest for this year.

Mr. Earnest Davidson Washington, younger son of Principal and Mrs. Washington, was compelled to undergo an operation for appendicitis at the Institute Hospital, Monday, December 26th. The operation was successfully performed by Dr. Kenney and the Hospital Staff, assisted by Dr. D. H. C. Scott of Montgomery, Alabama. The patient is making satisfactory progress. —Tuskegee Student.

The work of the Tuskegee Institute Hospital has increased to such proportions that it has been found that another interne is needed to properly keep up with the necessary duties; it has therefore been decided to install a second one. Dr. Kenney desires to communicate with some young man, a graduate of one of our medical schools, who is will-

ing to spend some time in hospital practice before taking up his professional private duties. The Tuskegee Institute Hospital offers excellent opportunities for young graduates in medicine to prepare themselves for practice. Those who have served in this capacity have all expressed themselves as gratified with the opportunities which they had here, and have felt that their time was well spent.—Tuskegee Student.

Nashville, Tenn.—Mrs. S. S. Crockett, chairman health department of General Federation of Women's Clubs, in a New Year's message asks that every club in the General Federation and the 45 State Federations during the first month of the new year hold a war council of all departments and committees to discover what every section or part of every club throughout the country may contribute towards the nation-wide health campaign instructed by the last general convention of the clubs meeting in Cincinnati. Mrs. Crockett also asks for four successive advances upon health enemies all along the line through a series of short term campaigns as follows:

February—"The Common Drinking Cup."

March—"The Typhoid Fly."

April—"Oral (mouth or dental) Hygiene."

May—"Social Hygiene."

This means a four months warfare for cleanliness—clean drinking

cups, clean food, clean mouths, and clean lives.

Special tuberculosis campaigning will be continued and plans have been laid for increasing effort to inform school children how to dodge this needless destroyer of youth.

The campaign headquarters for two years are in Nashville, at 710 Belmont Avenue.

Knowledge That Faileth

Often we hear it asserted by some Southerner that he has first-hand knowledge concerning the Negro and therefore his preachments upon the race question should be given precedence over all others. We quote a typical statement taken from a religious weekly edited by a Southerner:

This writer has lived the greater part of his life in a section of the country where Negroes are as plentiful as blackberries in summer. In fact, the first sustenance he received after his arrival upon this mundane sphere was furnished to him by a black mammy—God bless her memory! The first playmate of his youth was a pickaninny, and the first fight he remembers was had with a lazy colored lad who often "toted" him on his back. Therefore he modestly professes some knowledge of the colored race." Instead of this statement warranting a profession of knowledge, the writer unconsciously confesses to ignorance of the "colored race."

In the first place the "black mammy" to whose memory the writer referred, and recalls with

gratitude, was what circumstance made her—a faithful, patient and competent servant. She was also of necessity a diplomat. She knew what would please the “White Folks” and she pleased them. In this rested the security of her position. The black mammies were not treacherous, but they were subservient. While the Negro as a slave before and during the war was loyal to all trust reposed in him he nevertheless yearned and prayed for freedom and accepted it when it came with a shout that had been pent up for decades. “Black mammy” was a role that the Negro woman played to perfection. In this she was an artist. But be this interpretation of the unique character as it may, the black mammy lives in the past and her real children have different notions of things. Any man who judges the Negro of today by the black mammies, picaninnies and lazy lads of the past, will learn to his humiliation that he is woefully ignorant. The Negro of today demands a man’s place among men. He is willing to serve, but he will not be subservient. He is not to “tote” any person unless there is value received. When our friend knew the Negro they were chattel; today they are freedmen. Then they were densely ignorant; today they read the best literature of the world and their heroes are the world’s best of all races. The Negro of today aspires and struggles; he sees visions and dreams dreams; he plans and hopes; he thinks and acts; he loves and chooses; he toils and achieves. He is a man

and not a thing. This is just the reason that it is so hard to settle the racial differences. Some whites insist on settling our troubles on the basis of the “black mammy,” the “picaninny” and the “lazy lad” and to this our educated, wealthy, God-fearing and self-respecting Negro objects. Get acquainted, brother, with the new Negro whom new conditions have made. Your Negro is a hero of by-gone days. The drama has been rewritten and your favorite character has been left out. Can’t you love our newer and better Negro as well as you loved the old? A manly man loves the manly. Even a colored man is more worthy of confidence co-operation than a chattel, a thing, a toy.—Southwestern Christian Advocate.

Pennsylvania

The first Annual Meeting of the Central Pennsylvania Medical Society met at the office of Dr. J. E. Foster, 606 State Street, January 6, 1911. After the reading of the minutes of the last meeting, the President announced that the next order of business was the election of officers.

The officers elected for the years 1911 are: President, Dr. J. E. Foster; Vice president, Dr. S. J. Lewis, Treasurer, Dr. H. E. Parson; Secretary, Dr. A. L. Marshall.

After the election of officers, the President in a brief but eloquent speech outlined the work of the Society, and desired a co-operation of every member to make this one of

the best and most enthusiastic years in the history of the organization. He then introduced the speaker of the evening, Dr. George Bowles, of York, Pa., who read a most eloquent and instructive paper on the "Prevention of Tuberculosis."

Discussion was led by Dr. J. E. Foster, followed by Dr. C. H. Crampton and Dr. C. L. Carter. After completing some minor details the meeting adjourned, and the members retired to the reception hall where an elaborate banquet was served.

Report of Case of Pellagra

If this will benefit the Journal any I beg to report a case of Pellagra in this locality. Patient Mrs. H.; age, unknown; about thirty-eight? Called me on January 8, 1911. On careful inquiry I found she suffered in a mild way from the now severe condition I found. Slight pains in umbilical region, marked prostration, loss of appetite, thirst, with excessive flow of salivary secretions resembling mercurial stomatitis, throat showed no alarming inflammatory condition, breath offensive, difficult deglutition; this continued for four days, when patient assumed a maniacal form, tearing at bed clothes, and acting strangely like an idiot. I thought of everything, and could not find any conditions common. I diagnosed the case Pellagra Excitans, or Typical Pellagra. She died promptly at 1 p. m. on the 17th.

Yours,

C. A. HARVEY SPARKS, M. D.,
Stamps, Ark.

An Important Event

During the year 1909 a few members of the medical profession of Nashville met in Mercy Hospital at the invitation of Dr. R. F. Boyd to consider ways and means of establishing a hospital in connection with Meharry Medical College. After several conferences a public meeting was called and an association formed. The following officers were elected:

President, Hon. J. C. Napier.

Secretary, Dr. Josie E. Wells.

Treasurer, Dr. Geo. W. Hubbard

Executive Committee—Dr. R. F. Boyd, Chairman, Dr. J. A. Kummer, Dr. H. T. Noel, Dr. C. V. Roman, Dr. A. M. Townsend, Sec'y.

Over the protest of the venerable dean of Meharry, the name Geo. W. Hubbard Hospital and Training School was selected in honor of the man who had done so much to make medical education accessible to colored students.

After a few months of activity, enthusiasm seemed to have waned and it began to look as if the effort would prove abortive. A meeting of the local Alumni and students was called and by request Dr. Roman delivered an address which appears in this number of the Journal. The occasion proved historic. The Association took on new life which culminated in an event which is described (on page 105) by one of the leading daily papers of Tennessee, The Nashville Banner, in its issue of Dec. 15, 1910.

"With Long Life Will I Satisfy Him"

Since the world began long life has been regarded as a great blessing, and an untimely death as a great evil. "Take me not away in the midst of my days," is every man's prayer. "With long life will I satisfy him," is one of God's most precious promises. No life is complete that has not full time for reaping as well as sowing. There are many plants that, like Jonah's gourd, spring up in a night. The reaping may follow the sowing at only a short interval. The suicidal sins—sins of which the sinner is the immediate victim—tares that a man sows in his own field—do not let the sower wait long for the reaping. Selfish virtues, good deeds that the doer performs for his own dear sake, bring immediate results. The spendthrift cannot live long and go unpunished; the frugal man will not die unrewarded unless he dies young.

But as a rule it is only her small debts that nature pays promptly. The plant that matures in a few days is likely to be of small use. If the seed is precious and sown with tears the harvest is sure; but it may be late.

It is written of Christ; "He shall see of the travail of his soul, and shall be satisfied." And what a great sowing he made. And he made it not only with tears, but with blood. And the reaping soon began indeed but only with the first-fruits. The reaping continues still. For two thousand years he has seen the tra-

vail of his soul, but the reward does not yet equal his merits. Eternity will not be too long for such a life.

One man dies just as he is entering upon manhood; another comes to his grave in full age, "like as a shock of corn cometh in his season." One death is only a little more premature than the other. It is safe to say that even fourscore years are not enough for the full harvest of any life. We were born for eternity.

The dreamland that's waiting out yonder.—Eugene Field.

Surgeons Operated Without Authority

And They Must Pay \$8,000 to the Family of Boyd

New York, December 13.—The state supreme court here has returned a verdict for \$8,000 against Dr. Pedro Franke and Dr. T. Grover de la Hoyde, surgeons of St. Joseph's hospital at Far Rockaway, on a complaint that they performed an autopsy on the body of James Boyd, a victim of appendicitis, without having obtained the consent of his family. Two sons and a daughter brought the suit.—Atlanta Constitution.

Diseases Which Kill Doctors

Some interesting statistics have been published in Paris showing "the diseases which doctors die from." Forty-four per cent, it appears, die from heart affections, 20 per cent from nervous disorders, 20 per cent from the drug habit and 7 per cent from tuberculosis.—Denver Med. Times.

New York Notes

The Medico-Chirurgical Society of Greater New York reports several additions to its membership; and increased interest in its monthly meetings. In the future all papers to be read must be passed on by the Censor Committee.

The Society has planned to hold, during the winter, several Public Health Meetings in the churches throughout the city; papers on Health, Disease, Prevention, Hygiene and Sanitation will be read and discussed. At the first of these meetings, held at St. Marks Church, a very large audience listened to an instructive paper by Dr. M. N. S. Pierre. At the next meeting the essayist will be Dr. R. C. Fraser. The annual dinner of the Society will be held early in February.

Dr. R. A. Taylor, President of the McDonough Hospital Association reports great progress in the plans for the reopening of the institution. Dr. Geo. E. Cannon of Jersey City delivered an instructive address to a large and appreciative audience in Troy on "The Principles of Hygiene and Sanitation" during December. Dr. W. G. Alexander of Orange will speak in the same city at an early date on, "Alcohol and other Habit-forming agents."

New Jersey

The November meeting of the North Jersey Medical Society was

held at the residence of Dr. J. C. Anderson, Plainfield; the paper, "Deforming Arthritis," was read by Dr. J. L. Baxter of Newark. The December meeting was held at the home of Dr. W. G. Alexander, Orange: "Sterility and Impotency in the Male," was the subject of the paper read by Dr. R. L. Cooper of New York City. The January session of the society was held at the home of Dr. J. D. Ballard, Orange; Dr. Jas. E. Cabaniss of New York City read the paper, "Anaesthetics used in Dentistry."

The fourth in the series of Public Meetings held under the auspices of the Society was held in Newark, October 30, 1910. The papers were as follows: "The Use and Abuse of Drugs," by Dr. W. G. Alexander, Orange; "Practical Means for the Prevention of Disease," by Dr. H. J. Burnett, Montclair; "The Care of Children's Teeth" by Dr. J. D. Ballard, Orange.

The next Public Meeting will be held in Montclair in February.

Dr. Jas. E. Wormley, of Newark, who has been ill in Washington for several months, expects to be able to resume his practice in the early spring.

Dr. A. H. Magill has left Trenton, N. J., and is now located in Hartford, Conn.

Massachusetts

The Bay State Medical, Dental and Pharmaceutical Association has been giving monthly health talks to the laity of the cities of Boston and Worcester and have planned to carry them on in other neighboring cities. These meetings are well attended and general interest has been aroused in our society and in the work it is doing.

Subjects such as Food, Ventilation, Tuberculosis, Care of Children, Care of Children's Teeth, Relation Between Decayed Teeth and General Health, Infectious Diseases, and Water have been taken up; and in that way we extend the usefulness of our society beyond the immediate bounds of the profession.

These meetings are held in the fall and winter months at the various churches. The Constitution and By-laws of our society have been changed so as to include all members of the three professions in New England. We hope to extend these talks to the various cities where our members are.

ANNOUNCEMENT

Dr. C. W. Harrison, treasurer of our Association, and Dr. Eugene I. Wright, our secretary, have been blessed with the birth of a son each, eleven pounds and eight pounds respectively.

West Virginia

Dr. and Mrs. B. P. Brownley, Dr. and Mrs. R. L. Jones and

daughter Helen spent the Christmas holidays in Washington, D. C.

Dr. B. F. White late of Montgomery has opened an elegant drug store at 16th Street Huntington. He is doing a splendid drug business as well as enjoying a large and paying practice. Dr. White also has a splendid drug store at Montgomery.

Dr. and Mrs. B. A. Crishlow of Keystone are the proud parents of a daughter as a Christmas gift.

Dr. Franklin has returned from Chicago where he spent a year in post-graduate work. 7th St., Huntington is his present headquarters.

Dr. E. Johnson of Huntington, President West Virginia Medical Society, is making great effort to make the Bluefield meeting in June, the best ever held in the state.

Dr. G. W. Holley of Hinton was married to Miss Josephine Harris of Montgomery, Alabama, December 28, 1910.

Dr. Wm. S. Turner, formerly of Parkersburg, W. Va., but more recently at St. Louis, has been compelled to give up his practice owing to impaired health.

Hampton Meeting

The next meeting of the N. M. A., will be held in Hampton, Va., August 29-31, 1911. The sessions will be held on the campus of the Hampton, Normal and Agricultural Institute, in spacious rooms generously tendered the local committee by the Principal and Faculty of the school.

The local committee has been organized and meetings are being held and plans made for the entertainment of the Association, which will be the guest of the Tide Water Medical Society.

The following are members of the local committee: Dr. J. J. Jones, Chairman; Dr. W. P. Dickerson, Vice-chairman; Dr. F. G. Elliot, Secretary; Dr. E. R. Trigg, Assistant Secretary; Dr. P. L. Barber, Treasurer. Other members are Drs. W. E. Atkins, W. E. Reid, W. T. Foreman, J. J. France, R. L. Whitaker, G. Jarvis Bowens, W. T. Jones, W. F. Byrd, R. J. Matthews, A. B. Green and J. J. Quarles.

Marriages

Dr. Alfred P. Russel, of Boston, to Miss Maybelle C. Grant, of Boston, November 16, 1910.

Dr. H. C. Conwell of Newport News, Va., to Miss Bertha H. Alexander of Lynchburg, Va., November 22, 1910.

Dr. Caesar P. McClendon of New Rochelle, N. Y., to Miss Rachel Millner of New Rochelle, November 30, 1910.

Dr. C. Lennon Carter of Harrisburg, Pa., to Miss Meta E. Hicks of Washington, D. C., December 15, 1910.

Dr. Peter H. Williams, of Raleigh, N. C., to Miss Geneva B. Merrick of Durham, November 30, 1910.

Dr. Louis Baxter, of Newark, N. J., to Miss Julia A. Harris of Wilmington, Del.

Obituary

Dr. J. Mitchell Seabrook, formerly practicing physician and surgeon of Washington, D. C., is dead. He had been critically ill for about one year, and the end came, Saturday, November 12th, at Asheville, N. C., where he had gone to regain his health. His wife, father and mother-in-law were present when he peacefully passed away. Dr. Seabrook leaves a widow, who was Miss Charlotte G. Brown of Portland, Me., a very intelligent, cultured and refined young woman, and who at the time of her marriage was engaged in social settlement work in New York City.

He received his education in the schools of Columbia, S. C., and at Howard University, Washington, D. C., where he graduated both from the School of Pharmacy and the School of Medicine, taking high rank in his classes. He was a member of the Corinthian Lodge of Odd Fellows Washington, D. C., and of several other organizations of that city.

N. M. A. Communications

The Editors regret exceedingly the lateness of the Journal this quarter, and request our subscribers and advertisers to be charitable with us. Accidents and press of work in our printing department are responsible. As a result we are planning for the future, so that as far as possible we may be fortified against a similar recurrence.

Report of the Business Manager and Associate Editor of the Journal of the N. M. A.

By J. A. Kenney at 12th N. M. A.

Executive Board and Members of the National Medical Association:

In the city of Lexington, 1904, at its annual meeting, the National Medical Association elected Dr. C. V. Roman, then of Dallas, Texas, as its Journalist. For a year or two thereafter the literature of the Association contained the name of this official, but no funds being appropriated, nothing materialized in this direction, and the name was dropped out of existence. Our first effort at the publication of a Journal was the publication annually of the minutes of the meetings.

In 1907 I had the honor to be present at the annual banquet of The Physician's Club in Chicago, and there announced publicly that we must publish the Journal of the National Medical Association. During the following year, after some correspondence with Dr. H. F. Gamble of Charleston, West Virginia,

then Chairman of the Executive Board, he asked that I submit to the Board at its New York meeting some recommendations, which I did, with the result that then and there, at its first session, the Board adopted the report and authorized me to go ahead. With this (the Board's authority) as my capital and stock in trade, I went down from the New York meeting, determined to bring about results. What a job! I wonder if the Board had any idea what it was doing when it gave me unrestricted authority to proceed to publish to the world a medical journal, to represent this great, intelligent body. The task was a stupendous one! I studied the situation, reached some conclusions, and made a trip to Nashville, Tennessee. A conference with Dr. C. V. Roman resulted in my offering him the editorship, and his acceptance. I took the title of Associate Editor. The staff was then completed with Dr. W. G. Alexander as Business Manager, Dr. W. S. Lofton as Dental Editor, and Dr. A. V. Gray as Pharmaceutical Editor. This arrangement continued for one year and Dr. Alexander resigned as Business Manager, and both he and Dr. Roman recommended me for the place, which I accepted, in addition to the duties of Associate Editor. Dr. Alexander then became an Associate Editor with the special function of looking after news notes, marriages, deaths, removals, medical school re-

ports, society notes, etc. We have worked hard and harmoniously; the Journal as you see it today is the result. Of course the brunt of the burden has fallen on the Editor and the Business Manager. The Editor has traveled a good deal, and thus aided greatly in the circulation. He has also secured some advertisements, and thus helped to finance the undertaking. On the other hand, the Business Manager has helped some; I think the Editor will say, with the editorial work, collection of original articles, and other matter, the responsibility of reading and correcting every page of each number and continual endeavor to increase the circulation and secure advertisers. See our current number, and you will admit that it contains a fairly good advertising list. Few of those present have any idea, of the amount of personal effort required to get and to hold these. For each of the advertisers there has been mailed not less than 50 to 75 letters, and from a few we have had to take goods in exchange for their advertisement instead of cash. We are endeavoring, however, to, as near as possible, restrict our advertising to ethical firms.

In regard to increasing our circulation; we have not, on the whole, received the full co-operation on the part of the officers and members of the Association as we should have. Some of course have done nobly. We can quite fairly judge of the efficiency and activity of our Local State Vice-presidents and other representatives by the number of

subscribers, and the interest taken in the Journal and Association in their respective fields. As a rule, wherever we have a good representative, we have a good subscription list, as in Nashville, Tennessee, Chicago, District of Columbia, Pennsylvania, and other places.

If we could afford to put a man in the field as Association Organizer, and Journal Representative, I think he would pay. There is a great need for the creation of such an office, just as soon as our treasury will permit.

As to the office of Business Manager, some special provision should be made. The work is entirely too responsible and too exacting. Ample and efficient help is needed and for this you must pay. He has done what he could to carry the burden for two years, and it has taxed him to the utmost. In fact, it is hard to realize how he has done it. Had it not been for his favorable location and local supporters, it would have been utterly impossible.

There are many reasons why the offices of General Secretary and Business Manager should be separated: on the other hand there are potent reasons why, for the present at least, they should be united. The Executive Board must decide which shall obtain.

As to our circulation, when we left Boston last August, we had 250 bona fide subscribers. We were then trying to get in the mails on second-class rates. We entered into a whirlwind campaign for 300 more

subscribers, and with the assistance of those whose services were acknowledged in a previous number of the Journal, we soon secured them, and after three attempts at last succeeded in getting our rates. Our list has steadily increased until we now have 846 subscribers, and about 15 exchanges.

Recapitulation of Recommendation from Executive Committee of N. M. A.
August, 1910

I—Continuation of Commission on Tuberculosis, Continuation of Commission on Pellagra. Continuation of Commission on Hookworm. Continuation of Commission on Medical Education all for twelve months. II—Annual dues of N. M. A. be raised to \$3.00 per member inclusive one year's subscription to Journal. Otherwise subscription fee to Journal \$1.00 per annum. III—That state and local affiliating organizations have their respective Secretaries collect delinquent N. M. A. dues which officers must report the name of the member paying and the amount to the State Vice-president of N. M. A., also to the General Secretary of N. M. A., forwarding the amount of money collected to the General Secretary with his report. That the State Vice-president of N. M. A. be held to account for all members in his state and report at meeting of N. M. A. all moneys collected on account of N. M. A. dues in his jurisdiction. IV—That the General Secretary drop

the names of all delinquent members six months from date (Feb. 28, 1911).

V—That the Executive Committee prepare and cause to circulate from the office of the General Secretary a circular appeal for aid from the masses as well as from individuals to fight Tuberculosis. VI—That the office of General Secretary and Associate Editor combined be allowed twenty-five dollars per month for stenographer and all other office assistance, or any part of the above amount that the receipts will justify. VII—That a house of delegates consisting of one member for every ten financial members of each section present be created. Said representative of house of delegates to be elected by respective sections on afternoon of second day of each annual session. And a list of the same be at once handed the General Secretary. That the duty of said house of delegates is to elect President, First Vice-president and General Secretary of N. M. A. on the afternoon of the third day of the session in which they were elected. That said house of delegates must report in writing their selections or election to N. M. A. at 4:30 p. m. on the third day of the annual session, after which they are discharged

Commissions

Attention is called to the fact that the Commissions on Tuberculosis, Hookworm and Pellagra appointed by the Executive Board to report at the last meeting of the N. M. A. were authorized to continue their investigations and to make another

report at the Hampton meeting, 1911. The profession as a whole is asked to assist the commissions and help make the reports of real scientific value by sending them information along these respective lines. Dr. Marcus F. Wheatland of Newport, R. I., Chairman Commission on T. B. C., Dr. A. M. Townsend, Nashville, Tenn., Chairman Commission on Pellagra, Dr. J. A. Kenney, Tuskegee Institute, Ala., Chairman Commission on Hookworm.

An Appeal for the N. M. A.

The N. M. A. is striving to organize the Negro Medical Profession into one grand army of scientific men and women fully equipped and consecrated to the relief of suffering and the spread of the teaching of hygiene and correct living among members of the race. Much has been done along these lines, but compared with the crying need, we have only begun. This work must be done by organization. Individual endeavor will aid considerably, but nothing will take the place of organized effort. We call upon members of the profession everywhere to organize state and local societies, and these to affiliate with the National. We also invite individuals to join us.

The last meeting in Washington was enthusiastic and well attended. We want the Hampton meeting in August next to be better. We desire to do more scientific work, and wield a more powerful influence. This can be done by strengthening the organization with your member-

ship, your moral and physical support as it can in no other way.

For terms of admission, membership, etc., write the General Secretary.

The History of The National Medical Association

BY T. A. WALKER, A. M., M. D.

Read at 12th N. M. A.

[Continued]

Philadelphian Apostles of Aesculapius, who attended the seventh convocation of our association at Richmond, Va., extended a most cordial invitation to their yokefellows to enter the gates of the Quaker City, hold their eighth annual session within its confines and enjoy the hospitalities of her generous citizens.

The sessions beginning August 21st and including the day of the 23rd, were held in the auditorium of the Odd Fellows Temple and proved to be of sufficient interest to attract the attention of a large number of appreciative, distinguished and interested visitors as well as reporters of the leading daily papers of the "City of Brotherly Love," all of whom gave attention to the papers read and discussions indulged in with a view, methinks, of becoming better informed and giving the public a better idea of the Negroes' ability to delve into the intricacies of the science of medicine by important talks, as well as by putting into concrete and acceptable form, choice and matured thoughts, along medical and surgical lines.

The papers programmed for and read at this session made manifest from their titles and the thought con-

tained therein, that our members had gained more diversified information along medical and surgical lines than heretofore and had ceased to deal in superficialities in medicine and surgery, and were discussing with marked intelligence, profundity, thought and precision, the most profound and recent subjects to be found within the domain of medicine and surgery.

The operating room of the well equipped and well managed Fred Douglass Memorial Hospital, was the scene of the aseptic, skillful and successful doing of a laparotomy: pyosalpinx removed by the skillful, learned and painstaking Williams; a laparotomy for the removal of a fibroid uterus, by that resourceful, learned and dexterous manipulator of the knife, Geo. C. Hall; a laparotomy for the removal of a fibroid uterus by that profound, broadly learned and skillful surgeon, A. M. Curtis, and the removal of an adenoma by a new but able man among those doing surgical work at our sessions, C. I. West, and it is to the credit of the men who did the surgery and the surgeon-in-chief of the hospital, his able assistants, the messengers of mercy and co-workers in restoring health, the nurses, the aseptic environments of the hospital, every case operated upon made an uneventful recovery.

At a reception given at the Union Baptist Church, August 22nd, at 8 p. m., Pulmonary Tuberculosis and Tuberculosis in general were discussed primarily by Dr. J. S. Lennon

and secondarily by several of the visiting physicians.

One of the most recreative, instructive and interesting side attractions occurring during our session in the city of "Brotherly Love" was a trip given us by the H. K. Mulford Mf'g. Co., to Glenolden Farms, for the purpose of inspecting the various laboratories of the company.

Once upon the grounds every courtesy was shown us. Refreshments were served to us, and very soon we found ourselves in charge of a guide who conducted us through the various laboratories, explaining carefully the different processes employed, in the manufacture of the various sera.

The physicians residing at that famous summer resort, Atlantic City, N. J., made elaborate arrangements to entertain the visiting physicians one day during the session. Surf bathing, driving about the city, promenading hither and thither upon the board walk, and drinking in the invigorating breezes from the ocean; a banquet and grand ball were among the attractions offered those who made the trip; and thus a part of one day and the following night were pleasantly spent at that famous summer resort, whose borders are kissed and lashed by that great expanse of water, the Atlantic Ocean.

After a most exciting preliminary skirmish, the guidance of the affairs of our Association for the next twelve months was committed to the care and keeping of N. F. Mossell, M. D., President; G. W. Cabaniss, M. D., Vice-president; A. W. Williams,

M. D., Treasurer; J. A. Kenney, M. D., General Secretary; W. A. Davis, Ph. G., Corresponding Pharmaceutical Secretary; W. S. Lofton, D. D. S., Corresponding Dental Secretary. The session concluded with an elaborate reception and banquet given at the Odd Fellows' Temple, Thursday, August 23rd, at 8 p. m., and thus ended a session, at which it became very evident, that our Association was growing by leaps and bounds numerically, for there came in groups, delegates from the North, South, East and West, and from the large number of delegates occupying chairs one would be tempted to exclaim, "All Roads lead to Philadelphia."

After several physicians had represented certain cities which they looked upon as being desirable as meeting places for our forth-coming sessions, Baltimore the "Monumental City" was selected.

The sessions were held in the Metropolitan Hall, Baltimore, Md., August 27, 28, 29, 1907. A program, covering a wide range of subjects, coming within the domain of medicine, surgery and dentistry, had been prepared for the occasion and was executed to the delight, edification and gratification of the members and visiting friends. For the first time in the history of the Association a successful attempt was made to do sectional work, even dental clinics were held and several operations, important and intricate from a dental standpoint, were skillfully and successfully done by several of the leading members of this section. The phar-

maceutical section inaugurated its work at this session, and a most encouraging report was made by Dr. Amanda Gray, a leading spirit of this section. As has been the wont at all of our sessions, surgical work came in for its share of attention, and intricate operations in surgery were skillfully and scientifically done by such devotees of surgery as Hall, Curtis, Hunter and Harris. The following officers had intrusted to them the guidance of the affairs of our National body for the ensuing year: W. H. Wright, M. D. President, C. H. Roberts, D. D. S., Vice-president; A. W. Williams, M. D., Treasurer; J. A. Kenney, M. D., General Secretary; I. A. Lawrence, M. D., Assistant Secretary, G. H. Fenderson, D. D. S., Corresponding Dental Secretary; P. D. Lee, Phar. D., Pharmaceutical Secretary.

"A fitting finale" to the laborious duties of this session came about when, on the night of August 29th, a grand banquet, where melodious music held sway and gallant men and women did the honor of entertaining, was tendered the visiting physicians by Baltimore's professional and leading citizens.

New York, the metropolis of the "Empire State" was selected for holding the tenth session of our National Association, whither three hundred medicos loyal to our Association wended their way and took part in one of the most largely attended sessions thus far known in the history of our organization.

The arrangements planned and consummated by the committee, upon

whom it was incumbent to entertain our Association, were of a most elaborate and progressive character. Prior to the meeting a "Souvenir Book," attractive and most satisfactory as to its mechanical make-up was published, containing the program to be executed at the sessions, and much valuable information concerning the city of New York and its people.

The sessions were held in Plaza Assembly Hall, and began promptly at 10:30 o'clock, Tuesday morning, August 25, 1908. The program dealing with subjects of import in medicine, surgery, dentistry and pharmacy was carried out to the letter, and those who read papers gave evidence to the fact they had a practically high and scientific knowledge of them, and those who discussed them knew the subject matter in hand and were fully able to impart profitable information to the members and visiting friends who became interested in our sessions.

During the evening session of Wednesday, August 26th, the modest, resourceful, scholarly and adept surgeon, Daniel H. Williams, M. D., delivered an illustrated lecture on "Crushing Injuries of the Extremities," which was far out of the ordinary and gave evidence of the fact that our premier surgeon was master of every phase of the anatomy with which his subject was concerned and had at once made himself a unique figure among us, and given himself his rightful place among the advanced surgeons of the twentieth century.

Tuberculosis, discussed hither and thither throughout the country, the prevention, cure and stamping out of which is engaging the notice and scrutiny of the best minds of the profession, was one of the principal themes that engaged the attention of the Association.

Surgical clinics, a feature which has always been of import during our sessions were held at Lincoln Hospital, and laparotomies were done by the most modern methods by A. M. Curtis, M. D., and by those able painstaking and capable surgeons D. H. Williams and John E. Hunter.

The following officers were elected to look after the affairs of our organization during the interim between this and our next session: P. A. Johnson, M. D., President; W. S. Lofton, D. D. S., Vice-president; John A. Kenney, M. D., General Secretary; A. W. Williams, M. D., Treasurer; A. T. Robinson, D. D. S., Dental Secretary.

Murray Hill Lyceum, one of the finest halls in the country, was the scene of a banquet of dazzling splendor where one thousands diners were served. Booker T. Washington, the Apostle of Industrial Education and the general uplift of his people, dropped in upon us and gave words of encouragement, and so did many other prominent personages of our race: and thus ended with profit, splendor and joy the tenth session of our Association.

The eleventh annual meeting of the National Medical Association was held in Boston, the "Hub City," the centre of American culture and

refinement. As was made by those who invited us to hold our sessions in other cities, preparations of a profitable and entertaining character were made previous to our coming, and executed to the delight of all. The program began August 24, 1909, at 10:30 a. m., at Parker Memorial Hall. Felicitous and encouraging addresses of welcome were delivered by his Excellency, Mayor Geo. A. Hibbard of the "Hub City" and others.

President Johnson delivered an exhaustive, thoughtful and scholarly message, setting forth in "bold relief," the great and lasting good our organization had already accomplished and proffering suggestions which would enable us to accomplish more good in the future.

Then began the execution of the program, and many subjects of special interest to the physicians, surgeons, dentists and pharmacists were thoughtfully, vigorously and profitably read and discussed by members. A very interesting lecture demonstrating with lantern slides the Diagnostic Value of the X-Ray in General Practice was given by one who spoke that he knows, our honored President, Dr. Marcus F. Wheatland.

An encouraging and profitable feature of our session in the "Hub City" was an invitation extended to us to visit the Boston City Hospital, where was witnessed the successful and skillful performance of the following operations: Inguinal Hernia, Appendectomy, Lumbar Abscess Carbuncle of the foot, Mastoid operation, Tumor of Cerebellum, by

Doctors Hubbard, Nichols and Borden. After the clinic, a luncheon tendered by the city of Boston to the National Medical Association was enjoyed by all; and our men whose minds are bent in a surgical direction, performed some difficult major operations with dispatch and skill, coolness and success at the Plymouth Hospital whose surgeon-in-chief is our own Dr. C. N. Garland. Among the operations done was a Hysterectomy, by the skillful painstaking and adept surgeon John E. Hunter, assisted by Dr. J. A. Kenney, and Dr. H. F. Gamble; and an ovariectomy, by Dr. Willis E. Sterrs, of Decatur, Ala., assisted by Dr. Robert F. Burt. Highly interesting and instructive medical and dental clinics were held.

The following officers were elected to propagate the work of our Association for the next year: Dr. Marcus F. Wheatland, President; Dr. W. S. Lofton, Vice-president; Dr. J. A. Kenney, General Secretary; Dr. A. W. Williams, Treasurer; Mrs. J. P. H. Coleman, Pharmaceutical Secretary; Dr. A. T. Robinson, Dental Secretary. This session terminated most fittingly with a grand banquet and reception given at Paul Revere Hall.

COMMENTS

In no more effective way is the Negro demonstrating his far-reaching capabilities and possibilities along literary and scientific lines than by the literary and scientific work done hither and thither throughout this country, by the Negro Medicos who have banded themselves together in

this great and growing organization, the National Medical Association.

As time rolled on it became more evident that an organization whose scope had become so broad; needed a medium through which its members and physicians in general could give utterance to their views and experiences in matters medical and surgical, as well as those which are of interest to those practicing the allied professions of dentistry and pharmacy. Therefore upon the suggestions of our honored General Secretary such a project was put on foot in New York City in 1908, and culminated in the publication of a journal, whose

matter dealing with every phase of medicine and surgery, clothed in chaste language and giving evidence of a complete mastery of rational medicine and advanced surgery, makes it unique among Negro Journalism and places it on a par with many of our medical journals published by other peoples.

I have, myself, read many favorable comments, coming from the pens of some of the ablest editors of journals, owned and controlled by the Caucasian race anent the mechanical make up of our journal as well as the excellency of the matter it contains.

Comments on The Journal

The Journal of the National Medical Association is altogether admirable. It is space compared with space and staff with staff, as dignified and as informing a professional Journal as the older and larger ones.—The A. M. E. Church Review.

The Journal is worth at least \$4 per year.—Dr. C. H. S. Henderson.

The National Medical Association Journal for October-December is the best yet. This magazine easily leads the literature produced by Negroes.—Editorial: The Nashville Globe.

We have just received the October-December issue of the Journal of the National Negro Medical Association. This, it seems to us, by long odds, is the finest issue of this

credible Journal. The colored physicians, in the publication of this Journal, are setting a high standard for the other professional colored men throughout the country. The Journal is well printed and is packed full of matter that is not only of interest to the physicians but to the general public.—Editorial: New York Age.

It is the best Journal in the country.—J. A. Maxwell, M. D.

I have received the copy of the Medical Journal which you have sent me, and I confess that I am greatly surprised at the fine appearance of this publication. It is certainly a most credible one. It seems to improve with each issue.—Booker T. Washington.

Of Interest to Dentists

Tic Douloureux

By WILLIAM MYERS SLOWE, D. D. S., Philadelphia, Pa.

In January, 1910, a young man of 27 years came to the writer complaining of an ache in the lower left jaw or maxillar immediately below the first lower left molar.

We gave the region a close examination and not finding the cause apparent as in some cases of this nature, we came to the conclusion that the silver amalgam filling in the occluso-messial of the first lower molar was the cause, so the filling was removed and after that we made a minute examination; as inspection, pressure, tapping and instruments would admit of and yet we were in a dilemma, because the results were not what are usual in such cases. There was not an increase of pain from any of this examination or test. Inflammation, swelling, redness and heat were negative factors here.

The filling being removed, we burrowed through the dentine which is fully an eighth of an inch thick and covering the pulp thoroughly when we entered the pulp chamber, there was no exclamation as a result of sharp intense pain, as is frequently met with in these cases. Only one canal was well defined, and we inserted the brooch and removed part of the nerve, but at the apex a small por-

tion remained, and when it was touched the patient complained of a sharp pain.

In devitalizing and removing this nerve we used arsenic, carbolic acid, cocaine, iodine, lysol and glyco-thymoline. The patient who was cognizant of the value of good and natural teeth was not relieved after two weeks of treatment, so we decided to extract but before this final operation, we consulted another dentist, who after the most careful review of the history and examination of the case, recommended extraction, and with the use of cocaine this was done, recommending the use of glyco-thymoline and dioxygen afterwards as daily mouth wash.

Immediately after the extraction the patient complained of a sharp intense pain in the same location, as is relieved by the frequent use of cold water (which by the way gave more relief in this case than any other agent).

What this was and its cause we were at a loss to know, why this man of 27 years should suffer so with pain which was not continual, but had regular onsets as some forms of fever. At times he was almost wild in his great suffering.

After the extraction and the continuation of the pain, we came to the conclusion we had a case of "Tic Douloureux." Here we may say a word as to the inferior Dental Nerve, it is the largest branch of the Inferior Maxillary Nerve. The Inferior Dental passes downward with the Inferior Dental Artery, at first beneath the external Pterygoid muscle, and then between the internal lateral ligament and the ramus of the jaw to the dental foramen. It then passes forward in the canal of the Inferior Maxillary bone, just beneath the teeth as far as the mental foramen where it divides into two terminal branches, incisor and mental.

The incisor branch continues in the canal to the median line and supplies the central and lateral. The mental makes its exit through the mental foramen and gives nerve to the soft tissues of the chin.

AETIOLOGY OF TIC DOULOUREUX

It may be caused by many diverse influences, such as infectious diseases, viz.: Influenza, Typhoid and Scarlet Fever, colds, wet, winds and inherited predispositions, diseases of the cranial bones and periosteum, but for our consideration it most frequently occurs from caries, exostoses, faulty development and mal-position of the teeth and also from nasal troubles, frontal diseases, in-

flamed eyes and the middle ear.

Aneurisms have been found on the Gasserian ganglion, and it is believed that pulp stones have caused similar pressure. We believe there is always a nervous pre-disposition and usually the patient is in advanced years and the nerve is wearing away as well as its sheath, and when the nerve cells become degenerated we may not be alarmed at the condition of the patient.

The attacks are intense and we saw it attain most distressing and terrible intensity. It would appear without visible cause, and then again heat, cold and pressure would make the patient shed tears as though the heart would break. Then again, there were times for a long period when he would not experience any distress and could pass the night with sleep and comfort.

There are many such cases in which pain is felt in the lips and in the muscles of the jaw, the occiput and frontal parts of the head and even in the shoulder and back of the neck, but we are glad to state that in our case the pain was quite local, just below the first molar and there was never any complaint of other symptoms.

In diagnosing a case of Tic Douloureux, the greatest care should be exercised because we will rarely encounter such; the teeth, soft tissue, bones and periosteum should receive our most careful

attention. It is an easy matter to mistake it for some other form of neuralgia, but since dentists are the most careful specialists in the world we need not admonish them to care and precision. However, we may observe that these attacks are very spasmodic and resemble malarial fever somewhat in that respect. We may not promise the patient a great deal in these cases because, the prognosis is not so favorable as we would have it, and that applies with double force to chronic cases.

In treating these cases we look first for the teeth that may cause the trouble but using skill and intelligence we remove as few teeth as possible, yet the patient may prevail upon us to remove many more, when we know in our own heart it will not avail any good results. Systematically we may

use Iodide of Kalium with Mercury because there may be some Syphilis in the system, a purge may be resorted to; Aconite will relieve in some cases, Electricity has been used with good temporary results. Dana got gratifying results from absolute rest in bed and injection of one 60th of gr. of Strychnine for several weeks. Some have tried quinine, Antipyrine, Antifebrin, Phenacetine and Exalgine.

In the case we are discussing the patient got relief only from keeping cold water in the mouth and changing it frequently. In many cases the relief comes only when the Gasserian ganglion has been removed. But when all is said, Morphia will be our haven when the patient has been unmercifully tossed on a sea of distressing pain, accompanied by sleepless nights and an empty stomach.



Society News

Report of Twenty-fourth Annual Session of The Lone Star State Medical, Dental and Pharmaceutical Association

The Lone Star State Medical, Dental and Pharmaceutical Association held its Twenty-Fourth Annual Session in Austin November 22, 23, 24, 1910. This organization is composed of the Negro professional men and women of this state who are legally and honorably engaged in the practice of medicine, pharmacy and dentistry.

Forty-two members of the Association representing every part of the state were present and took part in the proceedings.

The mayor, Hon. A. P. Woolridge, was present at the opening and welcomed the Association in behalf of the city of Austin. He spoke in an earnest and forcible manner, urging thrift, industry and character, and admonishing the medical profession to be angels of light and mercy while mingling with the masses. Dr. R. E. L. Holland of Temple responded to this address.

In behalf of the white medical profession of Austin, Dr. Kirk, city health officer, delivered a talk emphasizing the importance of fighting the white plague, and urged the members to fight it manfully and scientifically. Dr. F. A. Bryan of Dallas responded, and called attention to the fact that the members

of the Association realized the importance of the fight against the white plague and were everywhere bending their energy in assisting to eradicate it.

During the three days session, some very able papers were read and discussed, covering a wide range of subjects in medicine, surgery, sanitation, pharmacy and dentistry.

Dr. C. V. Roman of Nashville Tennessee, a member of the Faculty of the Meharry Medical College, was the Special Guest of the Association. At the Tuesday morning session he delivered an instructive lecture on "Diagnosis of Eye and Ear Diseases." This lecture was of special interest to the general practitioner. He admonished his hearers to be careful in trying to treat diseases of the eye and ear and when the least in doubt to advise the consultation of a well trained specialist.

Through the kindness of Drs. Bennett and Scott, Dr. Roman conducted a surgical clinic on the eye and throat at the Austin Sanitarium. The operations performed by him were delicate and difficult, but skillfully done.

Dr. Roman enjoys the distinction of being the only Negro Specialist of diseases of the eye, ear, nose and

throat south of the Mason and Dixon line. After successfully doing a general practice in this state for ten years, he went to London and Paris where he prepared himself for his specialties. On his return to this country he was elected to fill the position in Meharry Medical College which he now holds, at the same time doing a limited practice.

On Thursday morning at the above-named sanitarium Dr. B. R. Bluitt of Dallas, assisted by Dr. F. A. Bryan of the same city and Dr. L. D. Cook of LaGrange performed a difficult abdominal operation before the Association, removing a large fibroid tumor.

At the final session resolutions were adopted thanking Dr. Roman for his time and valuable service to the Association, and appropriating \$150.00 to repay him in a small way for his visit.

Approval was given to the proposal of The Louisiana State Medical Association to form a Tri-State Medical Association composed of Texas, Louisiana and Arkansas. Dr. B. R. Bluitt of Dallas was elected delegate to represent the organization at the next annual meeting of the National Medical Association. The following officers were elected for the year:

Dr. N. J. Atkinson, Greenville, President; Dr. W. H. Crawford, Austin, Vice-president; Dr. R. T. Hamilton, Dallas, Secretary; Miss A. E. Hughes, Ph. C., Clarksville, Treasurer.

Chairmen of sections:

Dr. J. R. Sheppard—Marshall—

Surgery; Dr. J. E. Gregory—Gainsville—Practice of Medicine; Dr. A. L. Hunter—Marlin, Gynecology; Dr. J. R. Moore—Taylor, Tuberculosis; Dr. J. D. Dixon—Hempstead, Obstetrics; Dr. E. D. Moten—Denton, Pathology; Dr. J. T. Harris—Tunis, Genito-urinary diseases; Dr. T. A. Webster—Austin, Hygiene; Dr. M. C. Cooper of Dallas, Dentistry; Dr. E. T. Summytt—Ft. Worth, Pharmacy.

Dallas was chosen as the place for the 1911 meeting.

Address of President Lone Star State Medical, Dental and Pharmaceutical Association, Austin, Texas, 1910.

By N. J. Atkinson, M. D.

Ladies and Gentlemen and Members of The Lone Star State Medical, Dental and Pharmaceutical Association of Texas.

It is indeed a very great pleasure to me to appear before you to attempt to deliver to you this my Annual Address, although I may not be equal to the occasion or demand. However, I shall be very brief, but the keynote to my few remarks is one of congratulation, cheer, admiration and hope.

We are thankful and ought to be thankful to the good Lord of Heaven for permitting our golden moments to roll on amidst the busy scenes of life, and conflicts, and for bringing us together again face to face with the stern realities of life and duty.

As is usual on occasions like this the President's Address is perforce a more or less stereotyped affair, but

I shall ask and expect that the same charity and co-operative spirit that has been shown me during my administration be still extended to me in this feeble and imperfect effort. Feeling assured of this however, I deem it a privilege, as well as a duty to be allowed to take a few moments of your valuable time in which to detail some family history of our Association; to look into the affairs and general condition physically of the small, but vigorous, enthusiastic and aggressive offsprings of the brains of five or six medical men who ever have or had at heart the up-building and real usefulness of the profession. The prognosis as to its future growth and success in Medical, Surgical, Dental and Pharmaceutical life is plain provided the proper care and nourishment be supplied in liberal but judicious quantities.

THE FORMATION OF ASSOCIATION

Some one has well said that if we have flowers to give we should bestow them upon the object of our affection while he or they have life and health, and not reserve them to bedeck his or their casket. No more fit application of this sentiment can be made than in this connection.

There are present with us today some of the moving spirits of this Association. It is hardly necessary to explain to this Association that I refer to none else than Drs. J. H. Wilkins, G. J. Starnes and E. B. Ramsey. May it be said of them or let it be said of them as of Abou Ben Adhem, "They loved their fel-

lowmen." The Lone Star State Medical, Dental and Pharmaceutical Association of Texas was organized in the year 1886 in the office of Dr. J. H. Wilkins, who was then located at Galveston. Drs. Wilkins, Ramsey, Starnes, Blakely, Middleton and McKinley constituted the organization.

THE GROWTH OF THE ASSOCIATION

We find that from a membership of six in 1886, our Association has grown to the number of sixty-six bona fide members with forty-five in attendance at our last annual meeting. This should be a source of pleasure and a stimulant to all of us when we consider the very small number of first-class Negro Doctors, Dentists and Pharmacist that we have scattered so very far apart over this wide, wide state.

We who attend these meetings appreciate the pleasure and benefit we derive from them and we should not rest satisfied until every available Negro Doctor, Dentist and Pharmacist in this great state is sharing them with us.

THE PROFESSION

We are proud and ought to be proud of our profession. We ought to congratulate ourselves for belonging to a profession wherein have labored the smartest and most honored men of the past. Our profession is as old as the Chronicles of time, and no man from the beginning of the world up to the present day has achieved more greatness than did Hippocrates, the father of medicine. Through every century

of ages past has his praise been sung and every university and institution of learning of the present day pays him great tribute of respect. It is true that every profession has given us great men whom the world has been pleased to honor, but none of them more lasting nor greater than the honor paid to the leading men of the medical profession.

Napoleon stands at the head of military greatness. At the battle of Lodi, Eylou, Austerlitz and a hundred other battles he won glory and fame which were written in blood on the monument higher than Caesar's Column, made from the skeletons of butchered humanity. And we are told that amidst the groans and shrieks of the dying at the sacred moments when thousands of faithful were passing to eternity that this fiend incarnate dared to shout victory. Gentlemen, this is not the fame we crave, nor is it the honor that is written on the tombs and now burns in the hearts of a grateful people for the services of the patriarchs of medicine.

The late Robert G. Ingersoll stood at the tomb of Napoleon Bonaparte and said, "I would rather be a French peasant and dwell in a rude hut with the ivy twining around my door and my children playing on my door steps than to be this Monarch of force and blood who lies cold in that Sarcophagus." This is the verdict of wisdom concerning this Military Hero.

How different is the epitaph engraved in memory of our medical heroes! Monuments have been

erected to such men as Harvey, Jenner, Benjamin Rush, Marion Simms and a host of other medical celebrities, and the intellectual appreciation of the world weeps today at their tombs because there is no marble white enough upon which to engrave their heroic deeds.

Truly, glory follows in the trail of great men.

When a dreaded plague threatens to wrap its mantle of death around our respective communities, the city fathers bring their trouble and lay them out at our feet; when a cyclone sweeps over our country and like a war god destroys all it touches, then the siren songs that have proclaimed the virtue of osteopathy are hushed and lulled, and Christian science sits like a statue of patience smiling on grief. Gentlemen, it is in time of these great calamities that we are crowned with laurels of virtue and good fellowship, which we wear with modesty and forget that we have done more than our duties. Not only at home but when the threatening billows of war hang over our country and nation, we are called to the front. On the camp ground where epidemics formerly destroyed more than perished on the bloodiest field of battle, our hygienic laws and sanitary advice save for useful citizenship.

Gentlemen, it can never be reckoned what a physician saves in a financial way to his country in the time of war. In our recent wars the physicians were called to the line of battle and there amidst the cannon's roar, the flash of the bayonet

and sword, the rattle of shot and shell they stood unarmed and unprotected, serving our nation and blessing our countrymen, realizing and knowing that these heroic deeds are soon forgotten and remembered only as instances natural to the heroes of war. The soldiers did their work with shot and shell and canister. The physicians did their work with bandages and soothing lotions. The soldier stood over the dying and asked, upon which side did you fight? The physician knelt by the side and asked, where are you hurt? What can I do for you? Amidst the warm and sunny days of peace, amidst the horrors and desolation of war, the physician stands at the helm of our nation the unseen guardians of its health and the unpaid mentors of its treasure.

THE WORK OF THE ASSOCIATION

Under this head, gentlemen, realizing and knowing that the practice of medicine is one continual study, let me urge upon each of you the great value of special and exhaustive study of the diseases that are in any wise peculiar to our country or communities and to keep carefully statistical records of the same, for I think they would prove of special interest to the members of the Association.

There is now and has been for the last 10 or 15 years a great deal said about the great white plague, which is ravaging our fair land, and it is said that its helpless victims are dying by the thousands. The living are terror stricken by the dread of this disease and are stretching appealing

arms to the medical profession for protection. Therefore I think it behooves us to employ every means that genius or skill can devise to stay its onward march and spread, and to support all human measures or laws that may be promulgated to assist in the fight.

One great duty devolving upon us is to properly educate the people with whom we come in contact in the best methods of managing cases of this disease in their homes and reducing the danger of contagion to a minimum.

Gentlemen, let our aims be high, let us make good and able men, let us use the talent given us and not bury it in the sands of daily routine Dollars. Let us attend our medical meetings with enthusiasm, bringing some other brother with us when we can, and there read and freely enter into the discussion of papers, for unless we do this I think I see failure in sight for the Association; but on the hand if we do this I think I see success in sight for the Association.

I am told by Dr. Speed who represented us this year at The Louisiana Medical Association that that Association favors a Tri-Medical Association, composed of the States of Louisiana, Texas and Arkansas. I also favor the same and recommend that some actions be taken at this meeting in regards to this matter; I further recommend that this Association would elect a delegate at this meeting to represent it at the next meeting of the National Medical

Association which meets in Hampton, Virginia in 1911.

And now in conclusion I want to tender my most sincere and cordial thanks to all who have aided me in the discharge of my very pleasant duties as your presiding officer. Especial thanks are due our most worthy Secretary, Dr. R. T. Hamilton, for the faithful discharge of his duties, and the Program Committee, for the work done by

both of them will insure the interest and scientific success of this meeting.

Last but not least let our watchword be onward upward, onward,

For Longfellow said:

"The heights by great men
reached and kept

Were not attained by sudden flight
But they while their companions
slept

Were toiling upward in the night."

Of Interest to Pharmacists

Dr. Minnie A. Crews, graduate of Howard University, Class of '09, was one of the successful candidates before the D. C. Pharmaceutical Examining Board in November. She passed with an average of 90 which was second highest in the class of seventy. Dr. Crews is now employed at Gray and Gray's Pharmacy and has charge of the Woman's Clinics in the city, she is also a member of the N. M. A.

At the October meeting of the Virginia Examining Board of Pharmacy two out of ten colored applicants passed as registered pharmacists; viz.: Dr. George Jones of Hampton and Dr. Howard Corbin of Norfolk. Dr. Corbin recently bought out the store of W. J. Watts on Church St., Norfolk, and is now doing business as the Acme Pharmacy.

The Board and McGuire Drug Store of 14th St., Washington, D.

C., has been serving big crowds during their anniversary week. Thousands of persons are now taking their "Liveroids" which were so generously distributed as souvenirs.

The pharmacists of Tide Water, Virginia, are working with the doctors of that section to make the next meeting of the National Medical Association, which meets in Hampton, the banner meeting.

The Pharmaceutical graduating class of Howard University for 1911 is the largest they have ever had. The mid-winter examinations are now on and good averages are being made on all subjects.

The wide-awake pharmacists of D. C., held their first meeting of the year a few nights ago to discuss ways by which they might effect some plan for closing their stores during church hours on Sundays, and have

all relief clerks sign contracts to give at least eighteen hours service once a week.

Gray and Gray—Pharmacist of Washington, D. C., made a sideline speciality of colored dolls during the Christmas holidays and realized hundreds of dollars from the sales.

The address of Dr. William Board which was delivered before the Pharmaceutical Section of the National Medical Association is published in this issue of the Magazine.

The Drug Store As A Nucleus of Business

By Wm. L. Board, Phar. D.

Read in Phar. Section at 12th N. M. A.

Kindly consider that I am speaking more largely of the drug store and the opportunity it affords as a place of business than I am of the druggist and his department of pharmacy. Keeping this point in mind, we need not concern ourselves very much as to whether a druggist should be classed as a business man or a professional man. He ought to be both; he may be neither. In striving to serve two masters, he may have served neither well, and from neither has he been well rewarded.

What is a drug store, anyway? Like many other institutions, its character has changed from time to time. In the beginning it was an apothecary shop, a place where a number of irregular practitioners, unincorporated under the regulation of the English law, kept medicines

for sale. In the year 1606, James I. incorporated the apothecaries as one of the city companies, uniting them with the grocers. Later, they were formed into a separate corporation and claimed the right of prescribing medicines in addition to dispensing them.

These notions and practices have undergone many changes in the course of time, varying in different places, until today the most general idea of a drug store is that, it is not only a place where drugs and medicines are compounded and dispensed, but a store, which in addition, deals in toilet articles, hospital necessities, rubber goods, candies, cigars, soda water, stationery, and under the head of sundries, nearly every conceivable sort of article that the capital and tastes of the proprietor will permit him to carry.

Here is where the critic begins to observe things. Among other things he observes that the druggist is cutting loose from his ancient moorings and launching out into the stream of business. Is this good for the profession? Is he not allowing commercialism to get the upper hand of his profession?

Let us observe a few plain facts and be honest with ourselves in the discussion of them. Why do men take up the profession, or business of pharmacy? Do they generally do so with an overwhelming sense of public duty, a duty that imposes upon them the sacrifice of much time, hard study and severe application in preparing themselves to meet the demands of the profession, for the sim-

ple privilege of making a mere living, or of being in a profession that adds to the well-being of mankind?

I dare say, the average pharmacist has no more such philanthropic notions in the adoption of his profession than has the doctor of medicine, or the lawyer at the bar.

The plain facts are that the majority of men who enter the profession of pharmacy do so for the purpose of making money while performing a useful and necessary service for mankind, just as any other class of men irrespective of calling or profession. I do not mean to say that money-making is their sole purpose, or their chief purpose, but it enters largely into their calculations.

The man who goes into any business or profession for the sole purpose of making money is usually a failure, and generally fails to get what he seeks. The man who does the best work in the best way, using at the same time the best business judgment in the disposition of his work is the one who generally makes the most money. He must have a higher ideal than mere money-getting. But in order to make his ideals real, he must have money. Idealism and commercialism must go hand in hand to serve the highest purposes of practical life. It is well enough to dream beautiful dreams, but it is better, after awakening from the dream, to get hold of as many honest dollars as possible to pave the way for those dreams to come true.

Yes, dollars. A very prosaic side of life, it may be true, nevertheless, worthy of consideration. As a recent

writer has said, "The wise man makes neither a god nor devil of money—he sees it as a symbol of almost everything that a man may obtain from the outside world, and he respects it as such. He sees, while it is true that avarice and greed are detestable and hurtful qualities of mind, still the lack of the proper desire for, and striving after, money, makes of a man a creature devoid of all that makes life worth the living. Unless a man acquires money, then shall he not eat; nor be clothed; nor have shelter; nor books; nor music; nor anything else that makes life worth living for one who thinks and feels."

With the above thought in mind, our subject might now lengthen itself to read, "How can the Drug Store be made the Nucleus of a Money-making Business?" I am about to make it a little longer, but a little narrower, "How can the Negro Drug Store be made the Nucleus of a Money-making Business?"

There are certain peculiarities pertinent to the Negro drug store that do not obtain in all drug stores. Among these I might mention the fact that drug stores run by colored men depend more largely for their support upon colored physicians, and the colored population, whereas other drug stores draw to a greater degree from both white and colored physicians, and both colored and white patrons.

Now, if the colored druggist is far-seeing and sagacious, he will take advantage of this very condition to build up a larger business among his own people, and get as much busi-

ness as possible from the people of the other race. He will study the needs, the wants, and even the whims and caprices of his own people, and endeavor to meet them. In other words, he will make of his store the nucleus of a business center. By nucleus in this connection, we mean the use of the drug store as a central point from which may radiate many branches of business, extending in several directions, but all growing out of the parent stem, the drug store.

To illustrate, suppose your drug store is in a colored neighborhood, in addition to your regular line of drugs, medicines and toilet articles, why not add lines of novelties, books and periodicals that appeal especially to colored people; colored dolls and novelties for colored children, colored busts and statuary by colored artists, books and periodicals by colored authors. In many instances, we would be acting as missionaries in introducing these things to our people, thus lending substantial support to our men and women of talent and genius, and at the same time being of service to our patrons by bringing to their attention such influences for good. This is simply one suggestion. Your minds will suggest to you many other lines that might be operated from the drug store as a center.

It often happens that the greatest profits of a drug store come from side lines. Daggett & Ramsdell of New York make more money from the sale of their cold cream than from all the other business combined, though they were mere druggists in

the beginning. Mennen started in a little, insignificant drug store in Newark, N. J., and finally started a little side line of talcum power, and made millions of dollars out of it. Emmerson did the same with Bromo-Seltzer. I might extend the list of examples indefinitely showing how the drug store has been made the nucleus of a tremendous paying business for many a shrewd and business-like druggist.

"I haven't time to go into the side lines, or build up a business aside from my prescription work," one will say, "when I am through putting up prescriptions from early morning until late at night, and selling such things as druggists must carry, I am almost too tired to sleep, not to think of planning new lines and new methods." No wonder you are tired. Any one who does so little business that he must do it all himself, who cannot afford to hire assistance for proper rest and recreation, is bound to grow tired and crabbed and sour.

My point is to do enough business to avoid this condition. I once read somewhere this advice to a young pharmacist. The first thing a druggist should do when he goes in business by himself is to get business enough to afford the hiring of a clerk, and then double his efforts until his business compels him to hire two clerks, and then three. Then it will not be necessary for him to be a slave to business, or have slaves about him but he will have time to think and plan, to study the best business methods of the most advanced business men, and so fit himself to join

the ranks of the most successful business men, instead of remaining a mere drudge.

Did it ever occur to you that the words "drug" and "drudge" are etymologically from the same root, and that a drudge is one who works hard and constantly at a mean or slavish task mechanically and without spirit. Perhaps, there are some druggists who do not believe in changing the character of roots, even the roots of words.

The average druggist is at least as intelligent as the average clothier, grocer, or department store proprietor. He has generally received a better technical training for his calling than any of these, yet he is often the inferior business man. Why is this? To this very special training in pharmacy may be due to a certain degree his backwardness in business. Instead of using his pharmaceutical training as but one of the instruments in his hand for promoting his success, he allows himself to be used as an instrument of this training, frequently to his financial detriment.

The druggist, who because of his professional training, assumes to spurn good business methods because of their mercantile nature, often presents a sorry sight. The support he gets from what is strictly professional is so meager that he is compelled to reach out for so much that is not professional that his position becomes almost ridiculous. Consequently, in trying to serve two masters, of one of which he is partly ashamed, he

serves neither well, and from neither does he receive full pay.

Why serve either? Why not make both serve you, and exact from each the full earnings of your service.

To epitomize briefly what I wish to impress upon the minds of my fellow druggists: First, let the drug store be a place where the pharmaceutical department receives first consideration, where the purity of drugs and chemicals can be tested and preserved, where the well-trained pharmacist must scientifically combine the drugs written for by the physician.

Secondly, from the pharmaceutical department as a center, let there grow out as many departments of business and trade as conditions will allow. Do not be afraid to let any department grow too big, if it pays. If it grows too large for one attendant, get two. When it grows beyond the control of two, find another. Don't be afraid of building too big, so long as you are building wisely. You will be doing more good for yourself, as well as providing opportunities for the employment of more of our young people.

Dream dreams of a greater business, the vision will do you good, but don't stop at dreaming. The dream by itself can never come true, but when that greater thought that is revealed in the dream is actually applied in the tangible business world, when we apply thought, energy and intelligent work toward making the drug store the nucleus of a greater business, then will we emerge from the long day drudge, the peevish shopman, to the free man of affairs, better able to serve ourselves, our neighbor and our Creator.

Books, Lay Press, Etc.

Special to the New York Age.

Kansas City, Kan., Dec. 20.—While the Board of Trustees of the Rural School Fund was in session at the White House last week, the following wire was received by Bishop A. Grant, a member of the board, who was unable to attend on account of illness.

The telegram:

"The Board of Trustees of the Negro Rural School Fund, in session at the White House, the President presiding, receives with regret the news of the illness of our colleague, Bishop Grant.

"Resolved, That we extend to him our deepest sympathy and for the best interests of the Negro race and of the nation, sincerely wish for him a speedy recovery.

"Signed: Wm. H. Taft, President; R. R. Moton, secretary, Robt. C. Ogden, Belton Gilreath, J. C. Napier, S. C. Mitchell, Talcott Williams, Booker T. Washington, R. L. Smith, H. B. Frissell and James P. Dillard."

Dr. C. V. Roman returned to the city Tuesday from Texas, where he went to deliver an address to the twenty-fourth annual session of the Lone Star State Medical, Dental and Pharmacuetical Association which met in Austin. The meeting was a decided success.

Forty-two doctors, dentists and pharmacists were present and took part in the deliberations. At the

opening session, Dr. N. J. Atkinson, of Greenville, president of the Association, delivered his annual address which was almost eloquent. Many recommendations were made by which the future growth and interest of the association will be enhanced.

During the three days session many able papers were read and discussed, covering a wide range of subjects in medicine, surgery pharmacy and dentistry.

The Dallas Express said:

Dr. C. V. Roman, of Nashville, Tennessee, member of the Faculty of Meharry Medical College, was the special guest of the association. He read a very able and instructive paper on "Diagnosis of Eye and Ear Diseases." This lecture was of special interest to the general practitioners. He admonished the general practitioners to be very conservative in trying to treat diseases of the eye and ear, and when the least in doubt, to advise the consultation of a first-class specialist.

From the Dallas Express we clip the following interesting record of medical doings in that city:

W. C. NURSE TRAINING SCHOOL

Dr. M. P. Penn elected Dean. Miss S. O. Henderson, Head Nurse and Mrs. Hattie Foster Assistant. Assignments made.

The faculty of the Wright Cuney Memorial Nurse Training School

held an executive session Thursday night and elected Dr. M. P. Penn, Dean, Miss S. O. Henderson was elected head nurse and Mrs. Foster assistant nurse.

Preparatory to the beginning of class-work Tuesday morning, the 15th inst. the following assignments were made: Dr. M. P. Penn, Obstetrics, Ethics; Dr. R. T. Hamilton, Materia Medica; Dr. J. W. Welch, Chemistry; Dr. J. H. Dodd, Bacteriology; Dr. F. J. Hawkins, Physiology; Dr. W. R. McMillan, Hygiene; Dr. F. A. Bryan, Theory of Dietetics; Miss S. O. Henderson, Demonstration; Dr. R. B. Bluitt, Surgical Nursing; Dr. A. L. Runyan, Medical Nursing; Dr. F. M. Brooks, Anatomy; Dr. M. H. Leach, Diseases of Children; Dr. D. W. Shields, Gynecology; Dr. M. C. Cooper, Oral Hygiene; Dr. P. M. Sunday, Nervous Diseases.

High Praise for Henson

By Prof. McMillan, Scientist of Peary Expedition—Almost as Familiar with Arctic Conditions as Peary—Henson Taken to Pole Because Best Qualified.

Prof. Donald B. McMillan, one

of the leading scientists of the Peary expedition, in his graphic and thrilling lecture describing it, pays high and unstinted tribute to Matt. Henson. He declares that Henson is almost as familiar with Arctic condition as Commandant Peary himself and was perhaps the most valuable member of the expedition after the commander; that he speaks Esquimaux like a native and has more influence over the Esquimaux than any other member of the party, is the best driver of a dog-team in the party, and the best maker of polar sledges yet developed, being principally depended on for this vital part of the work.

Mr. McMillan says that the popular notion that Peary took Henson to the pole instead of a white man through unwillingness to allow a white man to share the honors with him upon his return, is an entire mistake, and Henson was taken because he could not be left behind, being invaluable and indispensable to the commander for the purpose of the final dash to the pole, the most critical stage of the whole achievement. Prof. McMillan lectured at University club.—Boston Guardian.



Therapeutic Notes

Gleaned from French Medical Journals and Translated

By WILLIAM T. THACKERAY, M. D., Chicago, Ill.

In preparing material for physicians in active practice it is not necessary to copy stock matter from the text books. Sometimes we see a twenty-page article in the journals, of ponderous gravity, nineteen and one-half pages being occupied with data every doctor knows well or can obtain by referring to his book-case—the last two lines gives the “treatment.”

It might be well to ask how many useful ideas or hints can be expressed in a page? Here are some notes—the reader may supply the filling.

THE PULSE. As a rule the pulse rate is inversely to its force. The heart quickly exhausts itself when driven beyond measure. Other muscles have periods of repose, but not the heart, for even the diastole is active.

The young often abuse their powers. Whenever the pulse passes the mean it should be restrained, at once moderating the rate and tonifying the force. Great losses of blood accelerate the pulse, which is one cause of overheating the blood, not mechanically but because its venosity is augmented in congesting the tissues, and venous blood is 1 degree C. hotter than arterial blood. A man fell from a height, wounding the head and elbow, with fracture and arthritis. Despite the antiphlogistics the skin remained hot and dry, the pulse rapid. Fearing pyemia he was given digitalin, hyoscyamine, phosphoric acid and strychnine; the object being to bring down the pulse and heat, to dissipate the spasm, and relieve the nervous system from its state of stupor. The result was all that was hoped.

The condition of the physician and consequently his satisfaction with himself increase in proportion to the increase of his patients' confidence. It is by seeing him so often powerless that their liberality has descended in like manner. Cure, my dear confreres, and you will be considered and paid. (Eurggraeve.)

Among the perfected weapons of medical chemistry Burggraeve first had the happy audacity to choose the surest and those with the longest range; and to teach us how to manage them without fear and without danger. (Prevault.)

Sodium salicylate given a woman four months pregnant, for gouty rheumatism, induced metrorrhagia, ceasing only when the remedy was stopped. Similar hemorrhage appeared in a non-pregnant woman after overdoses of the salicylate.

Bremond, by a series of experiments conducted with admirable care, determined that vapors containing potassium iodide were absorbed by the skin only when the temperature was raised above the human normal point and the sebaceous covering of the skin was dissolved.

Reveil detected the iodide in the urine of persons who had taken a foot-bath in a iodide solution. Here absorption took place through the soles of the feet, which have no protective sebaceous glands. Hebert denied that medicinal substances were absorbed through the skin unless the epidermis was destroyed. But Nomias had a case of a man who lay down to sleep on tobacco leaves, the skin was wet with sweat, and poisoning from the tobacco occurred.

CALCIUM SULPHIDE: As an expectorant this is indicated to facilitate expectoration, by activating the mucous secretion of the pharynx and bronchi. It also induces sweating and diuresis, by the latter channel eliminating the products of sulphur oxidation and depurating the blood. (Valledor.)

After an injection of pilocarpine, ten to twenty milligrams, in three to four minutes the face reddens, a sense of heat follows, and the mouth fills with saliva.

There is gradually dawning upon my consciousness the astounding conviction that the medical profession as a body does not know how to prescribe drugs, or to recognize their effects on the human body in disease.

New Hospital Opened Today

Exercises Held at the Auditorium Most Appropriate—No Eastern Capital Used—Nashville Citizens Interested in Most Commendable Enterprise for Negroes—Building Well Equipped

The new wing of the George W. Hubbard Hospital has been pronounced ready for the service, and the formal opening took place this afternoon at 1:30 o'clock, with appropriate services in the Meharry Medical College auditorium. It will be recalled that the ground was broken for the George W. Hubbard Hospital last April, and the work began about the 12 of May. The design of the management is to build a hospital that shall have, besides a main building, two wings. The building formally opened this afternoon is the first of the wings to be erected.

Exercises incident to the opening consisted of brief addresses, delivered by a number of prominent men, including Bishop W. R. Lambuth of the Methodist Episcopal Church, South; Bishop J. M. Walden of Cincinnati, of the Methodist Episcopal Church; Dr. M. C. B. Mason of Cincinnati, Secretary of the Freedman's Aid Society; Dr. R. O. Tucker, Dean of the Medical Department, University of Nashville and University of Tennessee; Mr. E. A. Lindsey, President of the Nashville Board of Trade, and Mayor Hilary E. Howse.

The building is a fine piece of work, and stands as a splendid memorial to the man whose gigantic courage is

behind the enterprise, and for whom it is named, Dr. Hubbard, who has given a long and useful life to the work of Meharry College. The new building stands on the corner of the Meharry College grounds, 1113 First Avenue South. It is sixty-four feet in length, forty-four feet in width, and three stories in height, including the basement. It contains twenty-two rooms and is designed to accommodate forty patients. The architect for the building was Robert Sharp, who drew the plans and supervised its erection.

The stone work of the basement story was done by Ward & Blair. The cut stone work by Oman Stone Co. The brick work by Norman & Rhodes. The roofing and tin work by Geo. W. Howell. The steam heating apparatus was furnished by the American Radiator Co., and the plumbing was done by John Morgan. J. H. Adams had charge of the carpenter work.

The operating room is of sufficient size to allow 100 students to witness an operation. This room has been furnished from the proceeds of a legacy from the estate of J. B. Dickson, of the Class of 1895, who died about ten years ago. The furniture for the building has been supplied by the ladies of a club organized for this purpose, of which Dr. Josie E. Wells

is President. Mrs. Dr. Hale is Secretary, and Mrs. F. A. Stewart is Treasurer. They have already raised about \$785.65 for this purpose.

This hospital will cost about \$15,000, and was especially designed for the purpose of furnishing clinical instruction for the students of Meharry Medical College, but will also furnish hospital privileges to those who are needing surgical or medical treatment.

BUILT BY NEGROES

Not a dollar of Eastern money is in this building, but to the lasting credit of the colored people, it is to them is due the hospital and the furnishings. Of course Dr. Hubbard has been the main spirit behind it all, but the colored people, especially the Meharry Alumni have through him, done their part. Of the money so far raised \$6,000 was appropriated by the Walden trustees from the actual savings from the college funds. The alumni of the Medical College raised \$5,000, and the women's clubs supplied the furniture.

The furniture is no small part of the equipment, being hospital beds of white enamel iron, mattresses, pillows, new and dainty comforts and counterpanes, sheets, pillow cases, towels, rugs, napkins, window shades, invalid tables, office and bed-room furniture, kitchen equipment, and many other things absolutely necessary to an institution of this kind. Everything is spick and span, just from the factory, and the opening this morning showed a most attractive hospital.

The building covers three floors, the first, or basement, is devoted to the kitchen and dining room, of which the floors are concrete, and the furnishings neat and durable. There is an emergency operating room on this floor, and a consultation room, bath, toilets, and one bed room for emergency patients.

NURSES' HOME AND WARDS

The rear door opens off a neat little court, in which is situated the nurses' home, the entrance to which is about ten feet from the door. There are already twelve nurses in the training school; these are occupied in the hospital, where they also take their meals; they have five sleeping apartments in the home. In this building is the laundry. In the court is the boiler room. The nurses wear a pretty blue uniform, and the head nurse, who also acts in the capacity of housekeeper for the hospital, is Miss Charmian C. Hunt, a graduate of the New England Hospital, Boston, and a post graduate of the Massachusetts Charitable Eye and Ear Infirmary. On the basement floor is also a room set apart for the use of the internes, and there are baths and lockers, linen closets and store rooms.

The first floor entrance is most attractive, with white walls and floors of high polished hard wood. The doors are solid cypress unpaneled and massive. The parlor located on this floor is furnished with mission furniture, and is neat and restful.

The entire place is equipped with

electricity, this being supplied by the Braid Electrical Company of Nashville. On this floor also is located a large room for the head nurse, and other smaller rooms for patients. On this floor also is the sterilizing equipment, which is most excellent, having all the latest modern improvements. The anaesthetic room is on this floor, and the surgeons' dressing room and bath, with lockers for their individual use.

SURGICAL WARDS

On the second floor are three large surgical wards, each having eight beds and all conveniences for operating immediately at hand. To appreciate the mighty meaning of this institution to the Negroes of Nashville one need but to compare these clean attractive beds with the filthy hovels of Black Bottom and its surroundings for propagating disease and death.

The operating room is on this floor and is arranged to accommodate one hundred students. The table is of the latest white enameled steel and the seats are arranged semi-circular, with a skylight easily managed as to light and ventilation by a simple modern apparatus. It is also artificially lighted at every corner of the table, and the room has six radiators, so that heat, light and air may be commanded by a touch of the hand.

The new hospital will be of great benefit to the colored people of Nashville, and through them of personal benefit to the whites. It is designed to allay diseases among the colored race and instruct them in

the laws of health and cleanliness. It is designed to supply graduate colored nurses for the sick, and it is intended to do all the good that such an institution can do for the human race, regardless of color.

NEED ONE THOUSAND DOLLARS

The power behind the hospital has been and is Dr. Hubbard. Dr. Hubbard is now comparatively an old man; he has spent the larger part of his life in Nashville, connected with the Meharry Medical College, which he has brought up to its present high standard. This institution is recognized all over the country as the leading medical college for Negroes in the world. Dr. Hubbard, the Dean, is a man of genial, kindly disposition, who has won the respect and affection of all with whom he has come in contact, white and colored. He came to the work of Meharry almost fifty years ago, and this last building is a fitting monument to a long and useful life, full of sacrifice and faithful service. Speaking of the hospital, he said:

"I have never asked the white citizens of Nashville for money, but I earnestly believe there are numbers of them who would be glad to help me raise the one thousand dollars needed to lift the building entirely free of debt. I have done all that can be done now and I need their help. A Nashville gentleman, one of the most distinguished judges of the city, sent me, unsolicited, the other day a check for \$25, a man in a position to know the needs of the Negroes in this respect. And I have been wondering if I might venture to ask help. That check has encouraged me to do so. Anyhow, I wish they would give me that other thousand."

The new building is ready today for the reception of patients.

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Acute Poliomyeloencephalitis

By DR. J. B. HALL, 60 Windsor St., Boston, Mass.

Acute Poliomyeloencephalitis or Infantile Paralysis is an acute infectious disease whose main characteristic is a flaccid paralysis of wide or limited extent occurring within a few hours or days after the onset. I have chosen the above name, as it best expresses the nature of the disease and the parts involved. We are best familiar with it as "Infantile Paralysis" but the use of this name should be discouraged as it suggests a disease of children distinct from that which affects adults. It is well known that grown people are affected but not in as large numbers. It has often been spoken of as "teething paralysis" on account of its frequency during the period of dentition. Its occurrence at this time is a coincidence and teething cannot be put down as causing the disease. This term should be abolished as this act is made responsible by mothers and some physicians for too many ills that infants suffer from, and some serious ones too. The term, "anterior poliomyelitis" is not a good one and therefore should be dropped. The inflammation is not confined to the anterior cornual cells of the spinal cord as this name would imply. It has been demonstrated that the changes take

place higher up in the central nervous system, and there has been clinical evidence too, that there was involvement of the brain. The name, "Atrophic and wasting paralysis" is not endorsed because it expresses too little in regard to the nature of this disease. It would be confounded with other well known diseases producing similar results. The names, "Infantile spinal paralysis" and "Acute poliomyelitis" are not considered for reasons expressed above. This brings us back to the name I have employed, Acute Poliomyeloencephalitis, which name tells us that in this disease there is inflammation of the gray matter of the cord, of the white matter, and of the brain. The most common form of paralysis in children is produced by this disease. Perhaps no other one disease has alarmed the laity in the last four years as this disease, and unnecessarily so as we shall see.

The disease comes on as a rule very suddenly and before it is recognized, paralysis has set in. Often there is a slight febrile movement, the temperature rising to 101 deg. to 103 deg. in 24 hours, malaise, general sweating, general severe pains in the limbs and in the back,

sometimes attended by rigidity of the spine and retraction of the head. In other cases the disease comes on like a gastro-intestinal disturbance; in others like a sore throat and cold. Sometimes the mother notices that the child does not seem natural, that it refuses to play or eat, that there is a change of disposition, that there is restlessness and pain on movement. Sometimes the child is taken to the doctor because the affected limb is always cold and does not grow as well as the other. Sometimes the child goes to bed well and wakes up with one or more limbs paralyzed. Still in other cases the disease occurs during an acute fever or during convalescence, the paralysis being the first symptom to attract attention. Lastly the disease may come on indefinitely. The fever lasts two, three, or four days and falls by crisis. Paralysis occurs usually on the third or fourth day and at its maximum intensity and is the chief symptom after fever and pain disappear. Pain is noticed particularly on movement. In the fulminant type the paralysis quickly spreads upward and in thirty-six hours the patient is dead, the respiratory muscles and those of deglutition having become involved. The paralysis is found chiefly in the legs and more often in one leg. Sometimes the arms are affected and rarely the muscles of the back and abdomen. In some cases, ushered in with symptoms of a general infection such as vomiting, chill, convulsions, headache, prostration, and fever, no paralysis follows. These are spoken

of as abortive cases and can only be diagnosed as such in an epidemic though it does seem that before very long such cases will be easily diagnosed at all times, and in all places, as a result of the examination of the spinal fluid. This has already been done in some cases. An early diagnosis is what we most desire, for once the paralysis has set in, the case becomes a serious one. Again these abortive cases are the ones which spread the disease very much as walking typhoid spreads typhoid fever. The disease is unrecognized and therefore no precaution is taken to prevent its spread. After paralysis comes on, the muscles next become flaccid, the constitutional symptoms begin to abate but leaving pain of an intermittent character and tenderness over the nerves. The limb most affected falls limp to the bed, has a lower temperature than its fellow, has a bluish discoloration and feels harsh and clammy. Its growth is retarded or completely arrested. The younger the child at the onset of the attack and the greater the severity, the more marked is the subsequent difference between the two limbs. The skin is thin and liable to excoriations, ulcers and chilblains. The bones later are thin and are easily fractured. The joints are liable to partial or complete dislocation from relaxation of the ligaments and lack of support by tendons of paralyzed muscles.

Before proceeding further it may be well to review the history of this disease which I shall call 'Infantile Paralysis' for brevity. This disease

was recognized as long ago as 1784. In 1841 a Louisiana physician described briefly what was apparently an epidemic of eight or ten cases. Bergenholz, a Swede, in 1881, is generally credited as being the first to describe accurately an epidemic of this disease. Since then many epidemics have occurred and been described minutely. In 1881 and 1885 there were epidemics in Sweden, in 1886 there was one in Norway, and in 1887 Stockholm. It was noticed in this epidemic that several cases occurred in one house which circumstances were suggestive of an infective and contagious disease. In 1893 there was a small epidemic in Boston and one in France the same year. In 1896 there were 126 cases in Vermont with 18 deaths. In this epidemic, horses, dogs and chickens seemed to have been infected which circumstance was also suggestive of an infection and contagion and of the possibility of the disease spreading from animals to human beings. In 1896 there was an epidemic in Australia and it was observed here too that members of the same family were affected. In the same year Pasteur in England observed seven cases in one family in the same house. In 1896 there were seven cases in Maine where all were related or had visited the house where the disease existed. In 1897 there were four cases in one family in California. In 1898 there were 200 cases in Vienna. In 1899 there was another epidemic in Stockholm where relatives were affected. A

second case developed in the same those in the family that moved into the vacated rooms, not long after their entrance. In 1900 there was an epidemic in Gloucester in our own state, in 1903 again in Sweden and also in Italy, in 1905 in Norway where the disease was traced from house to house. In 1905 there was another epidemic in Sweden where many cases occurred in the same house and where two or more in one family were affected. In one town it was evident that 18 cases originated from the schoolhouse. In a majority of instances some contact could be traced between one patient and another and even the spread from one village to another could be accounted for by the passage of individuals from one town to the next town. In some cases the poison remained in the houses so that new tenants were often affected after the old ones had moved. In two cases an interval of one year's duration occurred in the same house. The next important epidemic was the one of 1907 in New York City and vicinity. We are all more or less familiar with this one which numbered about two thousand cases. Lastly we come to the epidemic of 1909 in Massachusetts which numbered about 1,000 cases, 300 of them having occurred in this city. In the year 1910 there were 731 cases reported in Massachusetts up to December 15th, eleven of which occurred in Boston. Most of these cases occurred in the epidemics of Fall River and Springfield.

From the above history there are

several facts which suggest themselves. First, this disease is found practically everywhere and on all continents; second, that it is nothing new though newspaper reports would make it appear so, and third that it must be infectious and contagious since so many cases are found in one family and in one locality. Further observation shows that this disease has been more prevalent in recent years and that epidemics have occurred in two-year periods, and that communities visited by an epidemic in one year are nearly free from the disease the next year. This increase cannot be satisfactorily explained by saying that physicians are better acquainted with the disease and are making more correct diagnoses. Of course, this would account to some extent, for some increase in the number of cases reported.

In 1909 the disease was not very prevalent in the United States, the largest number of cases occurring in Massachusetts, 1,000 as we have seen. This number was small compared to 7,000 cases of scarlet fever that year. 8,000 of diphtheria and 15,000 of measles. In the United States in 1910 there were 3,000 cases occurring in 17—24 states. In the five years between 1905 and 1909 inclusive there were reported from all sources 8,000 cases, 5,000 of which occurred in the United States.

ETIOLOGY

From a scientific stand point, this division of our subject is most important and most interesting. "There

is perhaps," says Holt, "no disease whose literature has increased so rapidly in the last five years as 'Infantile Paralysis.' " Until recently very little if anything was known of the cause of this disease from a bacteriological standpoint, though the infectious nature of the disease had long been suspected. To begin with, the disease has been ascribed to cold, wet, injury, teething, over-exertion, and some general infection. Isolated cases have been traced to sitting on wet grass, cold stones, or in a draught when over-heated. Some cases have followed injuries and falls. Teething, as we have seen, is a coincidence rather than a cause. Most children are in perfect health at the onset and are robust. Some are enfeebled by intestinal disturbances or wasting disease. Often an attack follows sore throat. The disease is in no sense hereditary but a family disposition is sometimes noted. The occurrence of several cases in the same family is more likely to mean common exposure to infection than predisposition. This disease affects all classes of society, children of the rich and poor in equal proportion. Many diseases, as we know from experience, affect the poor and not the rich. Out of town children are affected and those living under the best hygienic surroundings. All the above-named causes are regarded as predisposing causes.

What is of greater interest from a scientific standpoint is the detection of the germ causing the disease or at least a positive proof that the

disease is infectious though the germ be not found. Such is the case of "Infantile Paralysis." I must confess that the germ causing this disease has not up to this moment been isolated, but experiments have proven beyond all doubt and suspicion that there is a germ.

The following points favor the infectious hypothesis of this disease:—

1. The disease frequently occurs in epidemics.
2. May affect more than one child in the same family.
3. Occurs during or after infectious diseases.
4. It is most prevalent in certain seasons.
5. Has a febrile onset.
6. Has constitutional disturbances.
7. Confers immunity from second attacks.
8. Bacterial origin obscure.
9. There are sporadic and epidemic types.
10. Occurs mostly in the very young.

While much work has been done and many experiments performed by scientific men all over the world in their endeavor to determine the infectious nature of this disease, it remained for two Americans, Flexner and Lewis of the Rockefeller Institute for Medical Research in New York City, to settle this long mutable question. They demonstrated that this disease was infectious. It was proven by the successful inoculation of monkeys which infection was passed through three generations. Lesions were produced

similar to those found in human beings and the usual symptoms were produced. They also showed that the infecting agent belonged to that class of minute and filterable viruses that has not thus far been demonstrated with certainty, that the virus is not rendered visible by any bacteriological technic though proven to be present in an emulsion of the brain and spinal fluid, that it withstands freezing as long as thirty days; that the virus resides in the spinal cord and brain, that it is preserved and not destroyed or diminished in virulence by immersion in glycerine, that it is present in the naso-pharynx of monkeys suffering from the disease produced by the intra-dural inoculation of virus obtained from the central nervous system of fatal cases, that the disease can be produced by inoculation through the naso-pharynx in monkeys, that the virus is present and virulent in the cerebro-spinal fluid several days preceding the onset of the paralysis. This last fact is an extremely important one. It will enable us to diagnose our case before the much dreaded paralysis comes on and to inaugurate our treatment much earlier in this disease and thereby prevent or lessen the extent or severity of the paralysis. We would be able to isolate our cases sooner and thereby hardly prevent the spread of this disease if we knew as a result of an examination of the spinal fluid just what sickness we were confronted with. They also proved that one attack confers immunity for subsequent inoculation, at least experimentally, that repeated inoculation of small

doses of virus although causing no symptoms confers immunity for subsequent inoculation of doses of the virus that are morbid and lethal for animals not so immunized, that an incubation period of several days exists even after direct injection of the virus cerebrally, that the disease could be transmitted to monkeys by inoculating the peritoneal cavity with an emulsion of the spinal cord from a fatal recent case; that the disease could be transmitted from one monkey to another and finally they showed that the organism would grow in cultures and that a monkey inoculated with a four-day old culture developed paralysis on the thirteenth day. All these facts have well been established. While much remains to be done, it must be recognized that these facts are of the most vital importance in the eventual solution of the problem.

Nothing so forcibly reveals the modern advance in the laboratory methods of the study of disease than the rapid establishment in a few months of all the above facts concerning a disease which has puzzled the scientific world for nearly a century.

PATHOLOGY

From what has preceded you can well imagine that our pathological knowledge of this affection today differs from the older conceptions of the diseased processes. It was once thought that only a certain portion of the spinal cord was involved. Now we know that there is an inflammation of all parts of the cord including its covering. In addition

there is an inflammation of the covering of the different parts of the brain. Furthermore hemorrhages are found in the gray matter of the cord. Swelling is also found in the gray as well as in the white matter. So we conclude that the infective agent may affect any part of the central nervous system and that the virus resides in the brain as well as in the cord.

TRANSMISSIBILITY

The infection may be transmitted in three ways:

1. Direct contact.

2. It may be carried by a third person from the sick to the well.

3. Through the medium of a house as we saw above when speaking of the history of epidemics.

This disease is much less transmissible than it is supposed to be, as the following observation will show. Of persons known to have been exposed to diphtheria, scarlet fever, and infantile paralysis, 22% contracted scarlet fever, 17% diphtheria, and 6% infantile paralysis. In an epidemic in 1908 in the Deerfield valley of this state there were 166 children in the families of those affected and 86 children known to have been in contact with the 67 affected, a total of 252, and only four were later affected. So we see the disease is not highly contagious but only mildly so. While this fact will tend to allay our fears and anxieties somewhat, still it must not be permitted to make us careless or indifferent to the necessary precautions.

The New York epidemic of 1907,

it is assumed, came from Norway and Sweden through Scandinavian emigration. The epidemic of Massachusetts in 1909 and of Cuba in the same year, came from New York.

It has also been assumed that the disease spreads through domestic animals, through fruit, through travel on trolley cars and steam cars and automobiles. In detailing the history of epidemics I noted that in one epidemic it was observed that the horses, dogs, and chickens appeared infected. This observation has not been confirmed as yet. Inoculations into horses, calves, goats, pigs, sheep, rats, cats, mice, rabbits, and chickens, have all proved negative. Thus far the monkey representing a higher type of animal than all those mentioned, is the only animal that has successfully and positively been inoculated. You will remember that it was not until shortly after the close of the Spanish American War that the mosquito was proven to be the intermediary host of the germ of yellow fever and was directly responsible for its spread. Physicians became so positive of this that they slept well screened in a room with a yellow fever patient and did not contract the disease. Two of them allowed themselves to be bitten by mosquitoes that had bitten a case and they developed the disease. Previous to this time the disease was regarded as contagious and infectious but the manner of its spread was an enigma. So it is with the disease under discussion. Having proven the disease infectious and contagious

it now devolves upon the experimentalists to determine the intermediary host if there is any.

How does the organism or the disease enter the body? How do the organisms leave the body? These are very important questions concerning which our information is somewhat limited. Still some things have been proven experimentally along this line which are exceedingly instructive. Exact knowledge concerning these questions will far outweigh any other division of our subject, for when we come to speak of "Prevention" we must know where to turn our attention. For example, in tuberculosis we care for the sputum which contains the germs, to prevent the spread of this disease, in typhoid fever we take care of the dejecta which contain the germs to prevent the spread of this disease, in scarlet fever we try to keep down the scaly desquamation that we believe to be, to some extent, the cause of the spread of this disease. So in "Infantile Paralysis" we wish to know where the germ leaves the body so that we might govern our treatment accordingly. The virus is found in addition to the places named above in the blood, salivary gland, and the naso-pharyngeal mucous membrane where it leaves the body.

It would seem from experiments in monkeys that the disease might enter the body either through the respiratory tract or the digestive tract. For example, the disease has been caused by scarifying the nasal mucous membrane and rubbing the virus into it and even through

the sound membrane. It has been produced by the introduction of the virus into the stomach. Successful inoculations have been made with an emulsion of the nasopharyngeal mucous membrane of an infected case. All these data are very suggestive and give us a solid foundation for the complete knowledge and understanding of the manner of contagion and spread of this disease.

PERIOD OF INCUBATION

This too is an important subject concerning which we have but little definite information. In other words, how long must we isolate an individual who has exposed himself to this disease? When can we allow him to go free after he has come in contact with the disease? Again we must fall back on our experiments with the monkey. These have shown that the disease develops from six to thirty days after a successful inoculation. So in the case of human beings this period is generally put down as fourteen days. In the light of our present knowledge this period is an arbitrary one and liable to be changed to any time when this germ is perchance discovered, or when we know more of this disease in this direction than we know now. Of course like all diseases this period will depend in large part on the susceptibility of the patient, on his resistance to infection and finally on the virulence of the infecting organisms, all unknown quantities.

IMMUNITY

There is positive evidence, almost,

that an individual is never affected a second time. Wickman in his great experience in Sweden never saw a second attack in the same person. Apes which have been inoculated and survived, exhibit in many cases immunity to reinoculation. This brings up the subject of passive serum protection which we are well familiar with in the case of diphtheria and its anti-toxin. This has been obtained by mixing with an active dose of the virus an equal amount of the blood serum of a recovered monkey, and in the same way the blood serum of children who have recovered, when mixed with the virus in proper proportions, neutralizes its effect. Attempts to secure a neutralizing serum from horses, as is done in the case of diphtheria, who have received repeated injections of virus, have not been successful. Of course the use of such a serum if we have it, presupposes an early diagnosis of this disease which up to this present time we have been unable to make because of insufficient knowledge of the early symptoms of the disease and its diagnostic signs. This information constitutes one of our most urgent needs and indicates the line along which progress must be made in the future.

SYMPTOMS

As we have previously considered the symptoms of this disease I shall here only mention seven (7) types of the disease without any extended description of them.

1. Spinal Poliomyelitic form. This form is usually recognized and described.

2. Ascending or Progressive form. This is the fulminant form noted above where the paralysis comes on early and involves the muscles of respiration causing death in 36 hours. Most fatal cases belong to this class.
3. Bulbar form. Here there is involvement of the cranial nerves, most often the facial hypoglossal and ocular, and there may be involvement of the throat and larynx.
4. Acute Encephalitic type where there is a hemiplegia or spastic paralysis.
5. Polyneuritic type. This is characterized by points of pain and tenderness.
6. Meningitic type. Where there is pain and stiffness in the neck and perhaps meningeal symptoms.
7. Abortive type. This form we have considered.

In epidemics one will find many cases where fever, headache, stiffness of the neck, and general disturbance are present, but where the paralysis is slight and transitory or does not occur. These cases in all probability form the link in the transmission of the affection.

SEX

The sexes are affected in about equal proportion though more adult males are affected. In the Massachusetts epidemic of 1909 it seems that more males were affected according to statistics.

AGE

We have rightly assumed ere this

that this disease, if not wholly so, is found chiefly in the very young. Still no age is exempt though it is rare after 40. It has occurred as early as a few days after birth, 25 per cent. of all cases are under 3 years, 90 per cent. occur under 5 years and most of these occur under two and one-half years. It is most common between 12 and 18 months. In the New York epidemic of 1907, 60 per cent. of all cases occurred before 4 and 90 per cent. before 6 years of age.

RACE

The Negro race in America seems less susceptible to "Infantile Paralysis" than the white race. In Cuba, Province of Santa Clara, out of 72 cases 60 whites were afflicted; mixed race 4, and Negroes 8 or 11 per cent. An examination of the records of the Children's Hospital of our city for the past six years showed no colored child was treated there during the active stage of the disease. Wishing to carry this line of investigation further, I wrote every colored physician of the state and two white ones who treat quite a few of our people asking them for their experience along this line. I enclosed a formal blank which they were asked to fill out, and it read as follows:—Name (initials only)? Age? Sex? Resident of what ward? Was child bottle fed or breast fed? Number of children in family? Were any others affected? Previous diseases? Any children similarly affected in the same house? Any in the same block? Fatal or not fatal (Prognosis)? Give

early symptoms. How soon was paralysis observed? Part of parts paralyzed? Probable cause? Month patient was affected? Were there any complications? What floor does family live on? State any facts concerning cases which have passed the acute state. Remarks.

The questions were intended to bring out information which I could compare with and corroborate certain facts established by the State Board of Health in their detailed investigation of all cases called to their attention. Very few physicians were heard from and of those, one reported one case, male, age 2, following an attack of scarlet fever. My failure to hear from the majority of the physicians is interpreted by me to signify that in their practice they have not come across cases of this disease.

I have on record only one case seen in the beginning of the disease. The child was a female, age 1 year. A fall from a high chair appears to have brought on the disease. Such a history is not uncommon. Cerebral symptoms were quite marked and there was a moderate amount of fever. Paralysis occurred in 36 hours and involved the left leg. Patient had recovered completely when it reached the age of 21 months. Another case was seen some time after the attack. This child was six years old, had never walked and the muscles of the lower limbs were atrophied. It had received no treatment of any kind since it was first attacked. The third child seen was a boy, white, age 4, who had the

disease during the epidemic of 1907 in New York City. This child had received mechanical treatment since his attack and was now able to walk well with the slight exception that he toed in. To sum up the situation, all evidence points to the rarity of this disease among our people, for which we are justly grateful. Still it behooves us to be on the alert so that we might not overlook it.

SEASON

"Infantile Paralysis" seems to prevail in the late summer. In the New York epidemic the greatest number of cases occurred in the summer months and as fall and winter came on the disease became less. In the Massachusetts epidemic of 1909 one hundred and fifty cases were reported in July, one hundred and eighty in August, one hundred and twenty in September, seventy-five in October, fifteen in November, and ten in December. The disease is found mostly in the temperate zone. The bulk of the cases has been reported from the Northern States, the outbreaks in the Southern States being very few. In fact, from the Massachusetts report on this disease, more cases have been found in the Northern section of the United States than in any other section of the world.

DIAGNOSIS

These cases are never diagnosed too early. In other words they are recognized when the harm is done, that is, after the paralysis has come on. Experimentalists and diagnosticians are laboring night and day to

discover some means for detecting the disease before the paralysis comes on. At this present time, as we have just intimated, the disease is not recognized until paralysis comes on except in the time of epidemics. It is hoped that, in the near future, an early diagnosis will be made by an examination of the spinal fluid or blood or both. Certain changes have already been noted in the cerebro-spinal fluid but nothing positive has been established. The fluid is increased in amount, is slightly opalescent, contains an excess of lymphocytes and at the height of the paralysis may undergo spontaneous coagulation. The virus has been demonstrated in the fluid and when the virus is injected into the spinal membranes by lumbar puncture, infection takes place and paralysis results.

The following symptoms are suspicious of the disease and should attract your undivided attention at once:

1. Tenderness of the spine, body or limbs.
2. Meningeal symptoms.
3. Sweating.
4. Fever.
5. Digestive symptoms.

The disease must be diagnosed from cerebro-spinal meningitis a more common and fatal disease. The portal of entry of the two diseases appears to be the same. Cerebro-spinal meningitis reaches its height in late winter and early spring. An examination of the spinal fluid reveals the presence of diplococcus intracellularis or meningococcus. It must be diagnosed from peripheral

neuritis. In this affection the pain along the course of the nerves is very definite, the attack is more gradual in onset and it can be traced to an antecedent diphtheria, influenza, and finally the paralysis clears up. Often the flabby atonic condition of the muscles and ligaments in rachitis is mistaken for the paralysis of the disease under discussion. Infantile scurvy causes loss of movement, but this is due not so much to weakness as to pain caused by movement. This disease has acute tenderness and thickening produced by subperiosteal hemorrhages. Sometimes it becomes difficult to differentiate Infantile Spinal Paralysis from Cerebral Palsy. The latter disease is distinguished by rigidity, exaggerated reflexes and no reaction of degeneration. The paralysis is not of the flaccid kind.

PROGNOSIS

To begin with, this disease is rarely fatal notwithstanding the reports of fatal cases we have often read in the daily papers. Of course the fatal ones are usually the only cases reported. The mortality is usually put down as between 6 and 10 per cent. In the Massachusetts epidemic of 1909 it was 8 per cent. Of the 299 cases occurring in Boston that year 20 died or 7 per cent. In that same year the death-rate from tubercular meningitis was 100 per cent., the number of cases being 100. There were 2,095 cases of scarlet fever with 82 deaths or 3 per cent., 2,720 cases of diphtheria with 193 deaths or 7 per cent., and 666 typhoid fever cases

with 91 deaths or 13.6 per cent. So we see that the death-rate from "Infantile Paralysis" compares favorably with that of the other more common infectious disease. The prognosis in any one case depends on the type of the disease. In the bulbar and progressive types where the muscles of respiration are involved, the case is hopeless. The majority of deaths occur on the 6th day. If the child survives the 8th day the prognosis is favorable. The prognosis as to complete recovery is fairly good.

In the epidemic of 1909, of 150 cases examined carefully it was found that 25 or 16 per cent. had completely recovered. The paralysis may entirely disappear in the most marked cases and on the other hand may improve a little when the case is slight. Even in the worst cases the relatives may be assured that considerable recovery will take place. Generally speaking more or less recovery takes place during the first two years and then the residual paralysis must be regarded as permanent. There are very few cases, if any, that cannot be improved either by apparatus or through surgical means. No child need permanently or completely be disabled. So out of 100 cases 16 per cent. will recover completely, 75 per cent. will recover with some deformity and 4-8 per cent. will die.

PROPHYLAXIS

To begin with, patients should be quarantined or isolated as is done in the case of scarlet fever or diphtheria. The previous consideration that we

have given to the study of epidemics during the past 30 years, forces us to take this stringent precaution. This period has been fixed as two to three weeks, subject to change, however, when our bacteriological knowledge shall have increased. Children should be taken out of school who come from homes where the disease exists. Keep the children away from those who have been in contact with the disease. Keep the other children away from the one affected. While there are many cases on record, as we have seen, where children fail to develop the disease after having been exposed, still this routine treatment should be enforced in view of the dire after effects of the disease. It may not be necessary to compel every one to remain in doors where the disease exists or to leave a certain locality where the disease seems to prevail, still these things must be considered. It has been proven that a third person may carry this affection from an ill individual to a well one. For this reason it is often urged that physicians should take the precaution of taking a bath, and changing their outer garments at least on their return home from such cases. Another step was made in the prevention of this disease when the State of Massachusetts passed a law making this disease one of the notifiable diseases like chicken pox, tuberculosis, scarlet fever, whooping cough, malaria, and mumps. In addition a circular letter was sent to every physician in the state acquainting him with the facts concerning this disease, asking him to send in to the

State Board of Health a detailed record of each case occurring in his practice, and finally advising him to quarantine all such cases. In January, 1910, the Massachusetts legislature without any discussion appropriated the sum of \$5,000 for the expense of investigating all cases of this disease. In the state of Kansas where many cases have occurred, physicians are required by law to report all cases to the local Board of Health as here, and in addition placards are put on the outer door of the house where the disease is present, as is done here in case of diphtheria. As a further precaution to prevent the spread of this disease all articles contaminated with discharges from the nose and throat should be disinfected. A mild disinfectant should be used as a spray for the nose and throat.

TREATMENT

This is the subject that in the final analysis of things we are perhaps most interested in. In this disease it availeth but little in preventing the paralysis, which we so much dread, but availeth much in correcting the deformities incident to the disease and enabling the patient to get around.

In the beginning of the disease, the treatment is purely symptomatic. Delirium and pain are controlled by coal tar drugs, aspirin and phenacetin. In severe cerebral symptoms lumbar puncture gives much relief. For sleep, the bromides, chloral hydrate and opium are administered. The bowels should be moved freely

and the diet should be liquid or semi-solid. Warm baths give much relief after paralysis comes on and pain persists. Strychnine is given only after the constitutional symptoms have subsided and paralysis has come on. The prevention of deformities is our greatest problem, and can be done by early action. It is accomplished by certain forms of exercise, by preventing unnecessary movement of patient, by preventing pressure of bed clothes, by preventing the unantagonized pull of sound muscles and by keeping limb in normal position. For these purposes suitable splints are employed, weights, pillows, sandbags, and cradles for the bed clothes. Having prevented the deformities or their permanency it now becomes necessary to restore the power of the muscles and nerves which is done by electricity, baking, and the use of different forms of high heat, massage and muscle training.

After the deformities become fixed, mechanical treatment must then be employed. This is carried out by means of various forms of apparatus and different types of appliances. These must be made for and fitted to the individual case. Crutches, splints, and plaster bandages all have their uses. Lastly, when all these measures fail, operative intervention becomes necessary. In some cases, surgical measures give better results when employed before the use of apparatus.

The serum treatment of "Infantile Paralysis" is still in its incipiency. It is being diligently sought for by laboratory workers at this present time.

But, as we said before, the diagnosis must be made early and serum administered promptly if any good is to be accomplished.

Just as the anti-toxic serum has

been invaluable in the treatment of diphtheria, so, in the near future, I trust, we shall have at our command an anti-toxic serum for "Infantile Paralysis" which, I am sure, will prove to be no less valuable.

Note: The use of Urotropin (Hexamethylenamine) as an internal antiseptic has been widely advocated. It has proven useful in the early treatment and prophylaxis of the disease.

Lay Familiarity With 606

Not until Ehrlich laid the results of his investigations before the world, was syphilis ever discussed in the popular press, unless some quack, in the solicitation of patronage, made a veiled allusion to it, dwelling on its horrors, only to furnish a lurid background to his extravagant claims to skill in its treatment. But now the literary magazines are furnishing monthly fulsome accounts of the discovery of Ehrlich and his associates, and their readers revel in these popularly written stories, fairly "eating them up." This wide dissemination of information pertaining to 606 will not be in the interest of physicians, for in their featuring of this discovery, the lay publications describe the new compound in such florid language that the impressionable lay mind gives credence to the idea that 606 is an infallible cure for lues in all of its stages, and that the one essential thing looking to a cure is to shoot a small quantity into the most accessible vein, and, presto, syphilis is no more. This erroneous conclusion on the part of the laity, fixed by the constant repetition of the positive infallibility of 606, will be another stone wall for the profession to ram its already sore head against. It will prove an almost fruitless task to endeavor to convince the patient that Ehrlich's remedy is yet but an

uncertain quantity and that, whilst it promises to be one of medicine's most brilliant advances, its certainty of producing permanent results is not yet proven. Further, the layman's investigations into the pathology of syphilis are not sufficiently extensive to make plain to him that, in certain conditions, 606 may be positively dangerous. He knows that publications of wide circulation state this product to be a sure cure for syphilis. He cannot understand that post-syphilitic nervous disorders making their appearance after an apparent cure of 15 or 20 years, render positive conclusions as to the specific action of the new remedy impossible under this period of time. Nor will he be able to understand the purpose of administering mercury for several years after the injection of 606, which procedure conservative physicians will not fail to avail themselves of. In all truth, the universal circulation given to what promises to be a grand addition to the physician's armanentarium, will not add materially to the softness of his lot. Even though the expectation that 606 will revolutionize the treatment of syphilis be realized, it is not the physician who will benefit. Like all advances in medicine, it offers everything to the patient, nothing to the doctor.—American Journal of Dermatology.

Health Problems of The Negroes

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It is gratifying to state that the Negroes are becoming very active in the crusade against preventable diseases. In many places, without quibbling over such academic questions as whether the Negro is dying as rapidly as some other people, or whether there is some racial inherency productive of its high mortality, or whether it is due to environment, the race is realizing that its death-rate is high; that certain diseases are taking more than their fair toll of human life from its ranks, and that many of these diseases are preventable. With this realization, many Negroes have set to work to improve their living conditions and reduce mortality.

As might be expected, the medical profession was among the first to realize this and to seek for improvement. In the year 1895 the National Medical Association, composed of representative Negroes in the practice of medicine, dentistry and pharmacy, was organized in the city of Atlanta, with the object of improving the conditions of the Negro professional men, and through them helping to educate the masses along the line of better health and right living. The influence of this organization has been felt in most of the country east of the Mississippi River, from Boston in the North, to Atlanta in the South.

At its annual sessions, one of the chief features has been at least one public session for the benefit of the people, when subjects of popular interest are discussed in simple language.

Among the topics thus presented are the following: The Cause, Prevention and Treatment of Tuberculosis; Infant Mortality; The Proper Care and Feeding of Infants, etc.

That these discussions have been appreciated by the laity is attested by the fact that they have always been given in crowded halls, and we have every reason to believe that they have done good.

Before the organization of the National Medical Association, there were in existence few state and local medical societies among the Negroes. Most of those that were in existence have affiliated with the National, and a great many others have been organized under its influence. At the present time, nearly every state having a sufficient number of Negro physicians has its medical society, and, aside from this, nearly all the cities and many of the large towns also have local societies; and almost without exception, to a variable degree, they are striving to help the Negro people to attain to higher planes of living, and thus im-

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prove their health and reduce their death-rate.

Early in the year 1910, the Executive Board of the National Medical Association appointed a commission to study tuberculosis, hook-worm disease, and pellagra among the Negroes. These reports, though incomplete, furnished one of the interesting features of the last meeting of the Association.

A few illustrations may be mentioned. In 1908 the Bay State Medical Society of Boston, Mass., began a series of public meetings. The first meeting was held Sunday, February 3rd, the general subject of "Hygiene" being discussed under the following heads: "Oral Hygiene," "Personal Hygiene," and "Practical Hygiene." In March the general subject of "Water" was discussed as follows: "Contamination of Water," "Purification of Water," "Medicinal uses of Water." In April, "Milk" was the general subject, and was discussed as follows: "Human Milk and Its Advantages," "Contamination of Milk," "Infant Feeding." In May the general subject of "Tuberculosis" was discussed as follows: First, "Past, Present and Future of Tuberculosis;" second, "Channels of Infection, and Early Symptoms;" third, "Efforts Being Made to Control the Disease."

These meetings were all well attended, and evinced a surprising amount of interest on the part of the people in all walks of life. Since that season the society has held many similar meetings in all the

colored churches of the city. Similar meetings have been held by the North Jersey Medical Society. It is the policy of this society to hold four of these meetings each year.

At the last meeting of the Louisiana Medical, Dental and Pharmaceutical Association, one hundred dollars was appropriated by the society as a nucleus for the establishment of a tuberculosis hospital for the treatment of Negro patients. A committee has been appointed to formulate plans and secure a location. An Anti-Tuberculosis League has been established by Negro physicians of Louisiana. Lectures on hygiene, sanitation, and tuberculosis are delivered by Negro physicians to schools, associations, and summer normals. A public health car has been put into service by the Louisiana State Board of Health, which is admirably equipped for the purpose of travelling through the state, stopping at various towns and cities, where lectures are delivered on hygiene and sanitation.

The Alabama Medical, Dental and Pharmaceutical Association has for a number of years devoted especial attention to topics pertaining to the health and sanitary conditions of the people. At its meeting in Selma, in 1909, one evening session was devoted to the subject of tuberculosis, in one of the largest churches in the city, which was packed with an interested and appreciative audience.

The Lone Star Medical, Dental and Pharmaceutical Association of Texas holds annual meetings, and

aside from the purely professional aspects of these gatherings, especial attention is paid to health topics.

~~The Medico-Chirurgical Society~~ of New York, for the past year has been teaching the people by means of lectures in the different churches, etc.

The Medico-Chirurgical Society of the ~~District of Columbia~~, with a membership of seventy or eighty, devotes much of its attention to topics pertaining to the public health. An anti-tuberculosis league has been formed in the city of Washington, with a membership of about 2,000.

In addition to what the Negro physicians are doing in an organized way, a tremendous amount of work—a great deal of it unheard of outside of their immediate communities—is being done by individual physicians. Without doubt, the Negro physician is one of the most potent forces for the uplift of the race, and there seems to be a growing realization on his part of what his great responsibilities are in this regard. The great volume of his work is done in private, in his office consultations, on his daily rounds, in the churches, the secret orders, the Sunday schools, the Y. M. C. A.'s and in a great many other gatherings, he uses his influence for the betterment of racial conditions and at the same time for the good of the public, for it cannot be denied that whatever may be done for the uplift of the Negro as a race, at the same time, helps the general public.

As an instance of the above, I might cite a few examples: Dr. A.

A. Wyche, a Negro physician practicing in the city of Charlotte, N. C., was impressed with how little our young men knew about caring for their general health, and to that end began a course of Sunday afternoon lectures to boys and young men on different subjects pertaining to their welfare. He said, "It is surprising to know the good these talks have done. So many have come to me privately and expressed how much they have been helped by them." He is now preparing a series of lecture to be given to the young women. He is also giving lectures once a week, to trained nurses, to the Ministers' Union, and the graded school teachers, upon hygiene and other medical subjects.

At Atlanta, the Fairhaven Infirmary is operated by six Negro physicians and is doing great service in offering shelter at very reasonable rates. The nurses from the nurse training department of Morris Brown College, are sent out to do charity work under the direction of physicians, and in that way carry relief to the homes of many who really need the care of a nurse, but could not pay for such services.

Dr. R. F. Boyd, of Nashville, Tenn., writes, "I have been deeply interested in this subject for a number of years. I am at present president of the Anti-tuberculosis League of Nashville, which holds bi-monthly meetings in the various churches, instructing the people as to the origin, prevention, and cure of 'The Great White Plague.' We have a committee that distributes sputum cups

to those who are subject to the disease. The anti-spitting law has been so thoroughly taught that now most of the people obey it almost implicitly, and the amount of spitting on the floors, cars, and sidewalks, is very much reduced. Since we began this campaign many of our people are living in better houses, wear better clothes, and are more careful about the selection and preparation of their food. The churches, schoolhouses, and public buildings are better ventilated and the mortality is lessened." In Lexington, the local Negro medical society frequently gives lectures on health topics, to help educate the people in the prevention, as well as treatment of disease, and special effort is made to decrease the mortality from tuberculosis.

Some of the Negro insurance companies are alive to the issue, and are taking steps to benefit the health and prolong the lives of their policy holders. The North Carolina Mutual and Provident Association of Durham, N. C., through Dr. A. M. Moore, its medical director, advises that "The most potent method is the bedside instruction given by agents and superintendents while paying sick claims. This comes at a time when one is more inclined to receive instruction. Through our annual agents' conference, I give a daily lecture on sanitation, contagions, and preventable diseases, and explain the danger of flies and water supply, as well as buying second-hand bedding, carpets or clothes; moving into houses in which contagious

sickness has been prior, especially tuberculosis cases. We try to make every agent a sanitary officer. We issue a quarterly bulletin which is an advertising chart, one page of which is devoted to 'Sanitation and Health Hints.'

"I have succeeded in having several district physicians' societies organized which meet in different cities holding public meetings on sanitation, hygiene, and contagious diseases. We are constantly urging the agents by circular letters and talks, to strive in every way to better the condition of the people in as many ways as possible."

The Union Mutual Aid Association, of Mobile, Ala., distributes through its agents, from time to time, helpful literature. Health talks are given to the agents by physicians. The agents are required, as cause and opportunity present, to speak to the policy holders on improving their sanitary surroundings.

The Union Mutual Aid Association is inaugurating this year the plan of giving small sums of money to the health department of a number of municipalities of the state, to be applied to sanitary improvement. It is not expected that the fund presented will accomplish very much, but it will help to wake the colored people up to the fact that some of the more thoughtful of the race are alive to the necessity of making tangible effort along this line. The company is planning at some time in the future to give one yearly medical examination to its policy holders

at any time the policy holder in good standing, may elect to take the same.

The Hampton Normal and Agricultural Institute, Hampton, Va., is doing good work at its annual conferences, by bringing together race leaders and teachers, physicians, etc., and among other subjects discussing the health conditions among the Negroes. At the 1909 conference the Anti-tuberculosis League of Virginia was organized. In Elizabeth City county they are trying to teach the people that consumption is curable if taken in hand in time, and to apply to an intelligent physician for treatment, instead of going to the druggist or taking patent medicines.

Great efforts are being made in Norfolk to prevent the spread of consumption. Some four years ago the Anti-tuberculosis League opened a free clinic for the treatment of consumption; three days in the week being devoted to colored patients, and for the year ending September 30, 1909, sixty-four colored patients were treated at this clinic. "These patients were supplied with sputum cups, medicine and printed instructions as to how to take care of themselves and protect themselves from infection, thus aiding in their own cure and protecting others from becoming victims of the disease." In October, 1909, a tuberculosis clinic was opened in the city of Norfolk for the colored people, with a trained nurse in charge, and seven colored physicians on the clinic staff in charge of the work. The city paid the

salary of the nurses and expenses of the clinic; the physicians volunteered their services. From October 1, 1909 to June 1, 1910, one hundred and three patients were treated at this clinic. The nurse was required to follow up the patients who attended the clinics and give them instructions in their houses. One thousand six hundred and eighty-five such visits were made during the past year.

An Anti-tuberculosis League was organized in Portsmouth, Va., April 30, 1909. On October 19, 1909, the Richmond branch of the colored Anti-tuberculosis League was organized. This league has held a series of public meetings at churches. The third Sunday in January, 1910, was observed as tuberculosis day. A sermon on tuberculosis was preached in nearly every colored church in Richmond, and literature bearing on the subject was distributed. The visiting committee of the league, with Miss Mary F. Clark, a registered nurse, as chairman, did very important work by affiliating with the city health authorities in hunting up tubercular patients and providing proper treatment. The committee divided the city into districts and nurses were assigned to each district. Food, clothing, medicine, and even fuel have been furnished for the sick. Persons have been taught how to care for the sick, and how to clean and care for their houses, and in some instances cooking lessons were given, and in many other ways this committee has helped along the

work. The membership of the league is about four hundred.

Another element in the work of improving the health of the Negroes is the rise of the Negro hospitals. Dr. George W. Hubbard, Dean of Meharry Medical College, reports that the graduates of Meharry own and control six institutions of this kind in Tennessee, two in Oklahoma, five in Texas, and one each in Missouri, Colorado and Georgia. These hospitals and sanatoriums have been well patronized, and have proven financially successful and have done much to prevent the sufferings of the colored people. Space will not permit me to do more than barely mention the names of a great many others which are either owned or controlled by Negroes: Provident Hospital, Chicago; Freedman's Hospital, Washington; The Frederick Douglass Memorial Hospital, Philadelphia; The Plymouth Hospital in Boston; the Provident Hospital in St. Louis; the Provident Hospital in Baltimore, Md.; the Mercy Hospital, Philadelphia; the Richmond Hospital, and the Woman's Central League Hospital in Richmond, Va.; the Lincoln Hospital at Durham, N. C.; the St. Agnes Hospital and the Shaw University Hospital at Raleigh; the Hospital and Nurse Training School at Charleston, S. C.; the Charity Hospital at Savannah, Ga.; the McVicar Hospital at Spellman Seminary, Atlanta; the Fairhaven Infirmary, Atlanta; the Lamar Hospital, Augusta; the Burrus Sanatorium, Augusta; the Tuskegee Institute Hospital, Tuskegee Institute, Ala.; the Hale In-

firmary, Montgomery; the Northcross Sanatorium, Montgomery; the Cottage Home Infirmary, Decatur; the Old Folks' Home and Hospital, Birmingham; the Burwell Sanatorium Selma; the Harris Infirmary, Mobile, Ala.; the Kennebrew Sanatorium, Jacksonville, Ill.; the Red Cross Sanatorium, Louisville, Ky.; the Burt Sanatorium, Clarksville, Tenn.; the Lincoln Hospital, Indianapolis, Ind.; and the Perry Sanatorium, Kansas City, Mo.

Along with the establishment of Negro hospitals have arisen the nurses' training schools. Most of the hospitals mentioned above have connected with them such schools, which are sending out from year to year, a large number of colored women who are not only getting ready employment among the white people but are taking their share of the burden of spreading the gospel of good health and right living among Negroes.

The Associated Charities of Birmingham, Ala., employs a colored nurse to do settlement work, and furnishes medical attention without charge where needed.

Under the supervision of the Visiting Nurses' Association, of Chicago, there are four of the graduate nurses of Provident Hospital working among the Negroes, also one graduate of this hospital is a member of the school nurses' force. Her work is in the school, where a large per cent. of the pupils are Negroes. In all probability, in the near future, another Negro nurse will be added to the tuberculosis nurse force. A

tuberculosis dispensary is about to be established in connection with Provident Hospital.

From the third annual report of the Chicago Tuberculosis Institute, 1908, we quote, "Early in February a mass meeting of colored people was held in Fulton Hall. The result of this meeting was the formation of a strong Negro committee, which has done active work during the year, and among other things arranged for a dozen or more Sunday services at the different colored churches in the city, with sermons on tuberculosis."

Dr. Anna R. Cooper, a colored physician, is the leader of a movement to establish the Paul Laurence Dunbar Sanitarium for the treatment of tuberculosis among Negroes. "Governor Hadley, of Missouri, has recently appointed an important tuberculosis commission. The object of this commission is to find out just what the sanitary conditions are among the Negroes." The Municipal Health Leagues were recently formed by both the white and colored people of Raleigh, N. C.

At Asheville, N. C., in both colored and white schools, the modern health drinking faucets have been established, and other improvements in sanitation have been installed.

Much is being done to improve the conditions in Savannah, Ga.

The Men's Sunday Club, colored, of that city was organized in 1905. It has had an average attendance since organization of two hundred people. About every colored physician in the city has spoken before the club. In the summer of 1905 a

regular campaign for health improvement was carried on. All the colored churches were visited and addresses made at each one by physicians and others. Mothers' clubs were organized especially to assist in improving health conditions.

The colored Knights of Pythias are helping to restore to health a great many people, by having established, in 1908, at Hot Springs, Ark., a bath house and sanitarium, where thousands of colored people have gone and received benefit by the scientific application of the waters.

The Tuskegee Institute has been alive to this movement, and in numerous ways has attempted to improve conditions in the school, in the surrounding communities and in other places. Several forces have co-operated along this line.

The American tuberculosis exhibition, under the direction of Mr. E. G. Routzahn paid a visit to the Institute in December, 1908, remaining several days, giving stereopticon lectures, health talks, as well as displaying the exhibit to thousand of visitors, including those connected with the school, the town of Tuskegee and the surrounding community. At the same time a Tuberculosis Congress was held, where important subjects concerning tuberculosis and the health of the Negro were discussed.

At the annual Negro Conference of 1909 the subject, "General Health Conditions of Negroes in the Southern States," was discussed under the following headings:

"How the ministers can assist in bringing about better health conditions;" "What the teacher can do to improve our health conditions;" "How the doctor can assist in improving our general health conditions;" "Food and its relations to health."

The late Dr. S. P. Lloyd, of Savannah, Ga., led the discussion with a paper on health conditions from the physician's standpoint. He gave as the general causes of the high death-rate among the Negroes, poor housing conditions, bad landlords, dissipation, ignorance. He advocated improving these conditions by general education, by public instruction through the newspapers, physicians and ministers; that the municipalities ought to see that better houses are built for the Negroes. He also advocated the systematic and permanent co-operation of the Negroes themselves.

Bishop Alstork told how the church could help. During the discussion individual communion cups were advocated, also that lodges should hold shorter sessions; that churches should not be swept out Sunday mornings just before services.

The Tuskegee Institute has also assisted in this work by the publication of bulletins of health, under the direction of the resident physician. These topics have included, "Tuberculosis," "Typhoid Fever," "The Danger of Flies," and other topics along sanitary lines. Stereopticon lectures on tuberculosis, general sanitation, and the hookworm disease

have been given, and other health talks to students and teachers in the school; also to the Macon County Farmers' Institute, the Macon County Teachers' Institute, and to some of the Negro churches.

Four years ago, in connection with the hospital, there was inaugurated among the women, what is known as the Hospital Aid Society, composed of an advisory board of ten women and members at large, from the school and community. This society has done a great deal to help improve conditions at the Institute Hospital; to make patients and nurses more comfortable; to visit the sick in the community; in many instances furnishing medical attention and nurse's services, as well as nourishment and medicine for those too poor to pay for these necessities. It also maintains a charity room and bed at the Institute Hospital in which suitable indigent patients are taken for operative and other treatment free of charge. At the last general meeting of this society it was interesting to hear some of these poor patients tell with gratitude how they have been helped.

Quite recently all of the school children attending the children's house, about two hundred, were examined by the resident physician and his assistants. A great many defects were found, parents were advised of the same, and directed to physicians, dentists and specialists, as the condition required, in order that the defects might be remedied.

The colored women's clubs are working to improve the homes

through reading circles, by teaching domestic science and by other means. Some of the clubs are conducting homes for aged men and women, and for boys and girls. The Boys' Reformatory at Mount Meigs, Ala., where thirty-seven boys and two men are cared for, on land that cost five hundred dollars, with a building costing twelve hundred dollars, is an example.

The Women's Club of Tuskegee Institute is especially active. Houses are visited with a view to teaching the people the simple principles of hygiene. The smallest details are looked after, as how to prepare and

serve their food, how and when to bathe, how to ventilate their houses, how to care for their hair, the washing of their clothing, cleaning their teeth, sleeping between sheets, and all such subjects as tend to improve their home conditions. The special subjects of tuberculosis and typhoid fever have been discussed before the people in the most elementary manner possible. Mrs. Booker T. Washington says, "The people themselves are most responsive and co-operative, and that as a result of the work which has been done along these lines, great improvements have been made."

Removing Medicine Stains

Stains of iodine are easily removed from the hands and linen by moistening them with ammonia or a solution of hyposulphite of soda.

Nitrate of silver stains are rapidly effaced by a solution of cyanide of potassium or of iodide of potassium. The yellow stains resulting disappear completely with hyposulphite.

Chrysarobin stains may be treated with chloroform or proof spirit, while that of resorcin is removed by a solution of citric acid.

Picric acid is amenable to a solution of sulphite of potassium, applied for about one minute, followed by washing the parts with soap and water.

The stains of pyrogallie acid seem to be refractory to all chemicals.—Drug Topics.

Treatment of Incontinence of Urine

Mr. Jeanbrau (La. Clin. Infant.), brought before the Soc. des. Sciences Med. three cases of nocturnal incontinence of urine cured by acidification of the urine. He had noticed that in these cases the urine

was either neutral or alkaline; he prescribed phosphoric acid and the incontinence immediately disappeared. The author is of opinion that adenoids and adherent prepuce play subsidiary parts. He administers the phosphoric acid as Bardet's lemonade. Acid phosphoric, official, 28 grains; tincture of orange, 20 grains; syrup, 250 grains; distilled water to 1 liter. One to two glasses daily for an adult, one to two small glasses for a child.—British Journal of Children's Diseases.

Local Anesthesia by Cataphoresis

A writer in the *Lancet* uses a solution consisting of adrenalin chloride two drachms, cocaine muriate five grains and water one-half ounce. Lint is folded in a pad of four layers, soaked in the solution and placed under the positive electrode.

A large negative electrode is applied elsewhere and a current of fifteen to thirty milliamperes is employed for some five to fifteen minutes. The surface may then be washed with ether and any superficial operation performed painlessly and also practically without hemorrhage.

Dentistry, Oral Prophylaxis and Bodily Health; Their Inter-relationship

By STEPHEN J. LEWIS, D. D. S., Harrisburg, Pennsylvania

That division of medicine known as dentistry or dental surgery is the natural outgrowth of man's wonderful progress towards self-preservation and defense. From the earliest days of this planet's habitation man has had to assume the defensive—not only to prolong life, but to exist at all. Not only has the Divine Creator required us to provide for bodily sustenance, but likewise we have been surrounded on every side by influences and conditions in which lurk the spirit of annihilation and destruction.

These influences and conditions have, like the tossing of the sturdy oak by the winter's wind—tended more to strengthen man's confidence in himself and his right to live. In other words—the ever present and constant dangers besetting mankind spurs him to greater and renewed efforts to physically and scientifically combat these influences. The science of medicine and surgery had its birth through this spirit to prolong life and sustain man's vitality and physical prowess. The progress of medicine has been slow but phenomenal, and its service to the human race can scarcely be estimated. It has developed as possibly no other science and in accordance with man's urgent needs. The kindred science of dentistry and oral surgery, with its

oral hygiene and oral prophylaxis, has been the direct outcome of this wonderful process of evolution. While the science of dentistry, like all other progressive sciences, has developed a language and technique not altogether understood by those outside the profession, itself, yet its scope is so large, its relationship to general medicine so close and its field of endeavor so closely associated with human uplift, that I am bold enough to say that every member of this society—physician and pharmacist alike—and even the laity, can easily grasp the points I aim to emphasize in a paper of this kind.

As the modern physician reflects upon the early existence of the human race, both pre-historic and in the later stages of civilization, he wonders that man could exist at all in the presence of infectious disease and maladies of all kinds, without the aids of preventative and practical medicine. As the modern dentist reflects over the same period of history, he is awed at the thought of human suffering without the aid of oral hygiene, oral prophylaxis and the science of preventative dentistry.

Man's vital powers and physical endurance has no doubt lessened with each century and even decade, and with the lessening of the ability to endure pain and resist the ravages of

Read before Central Pennsylvania Medical Society February 3, 1911

disease through a normal bodily resistance—or an increasing susceptibility—has come an increasing development of the mentality through which medicine and dentistry have had their birth and development.

Hence modern dentistry, while intimately associated and closely allied with the mother-profession, has long since ceased to be an occupation engaged in by mechanics, easy of access and without standards of its own, but has taken its place with the sciences of the age and is doing its part in the relief work of the human race, and from a toddling youngster of twenty or thirty years ago, has now taken on an individuality all its own, capable of self-support, and can boast of sustenance from its own literature and research.

But like the mother profession—with all that the science of industry has done, in its wide field, there is yet a great work for it to do in the education of the masses in the value of oral hygiene and prophylaxis—in the proper and sanitary care of the teeth and oral cavity, and the true relation a well-cared for mouth bears to bodily health and long life and usefulness. Our work is no longer confined to the extraction of diseased teeth in the relief of pain, nor alone to the mechanical substitution of lost parts of the oral anatomy, but the dental profession is now well launched in the universal campaign against the spread of man's dreaded enemy—disease. We are not only concerned with the restoration of defective organs in the oral cavity, but are deeply concerned with

every condition of the human body through which these organs may become defective, and on the other side—corelatively concerned with every condition of the human system which is directly or indirectly associated with a lack of normal functions on the part of these oral organs.

So closely related to bodily health is the oral cavity and alimentary tract as well as the respiratory passages, so closely and intimately are they associated with the intaking of the germs of infection, and so ideal is the oral cavity, when not properly cared for, as the breeding ground for the germs of the most dangerous infectious diseases, that too much emphasis cannot be placed upon the value and need of oral prophylaxis.

How much misery and torment—of others—might have been averted in ages past; how many massacres and wars avoided, as one authority writes in a current review on dentistry and bodily health—if sundry emperors, kings and statesmen had been supplied with tooth-brushes and had known how to use them—cannot of course be told. But that their subjects would have been spared a tremendous amount of bloodshed and discomfort seems certain. For instance Henry III, of France had very bad teeth, indeed. It is not at all unlikely that had his mouth been healthy, the massacre of St. Bartholomew would never have occurred.

This same authority tells us that when the mummy of Ramases the Great was found, it was discovered that he must have suffered intensely

from tooth-ache and oral affection during his life. Modern medical science is more than inclined to ascribe a great part of his cruel treatment of the Israelites to the nervous irritation and poisonous effects of this condition.

But historic instances aside, the common idea that a violent tooth-ache is about the severest penalty Nature exacts for a neglected mouth, is one of those popular delusions which recent research has swept completely away. This is no more true than that a cough is the only disagreeable feature of tuberculosis, or a headache the most dangerous element of typhoid—for aside from the complications which may result from diseased teeth and oral affections, the intense nervous irritability to which the individual is subjected, will in time, not only alter the temperament but lessen his mental control and decrease his physical capacity by reason of this constant wear and nervous irritation.

"Bad teeth make bad boys and girls," say the medical men of thought—and "bad boys and bad girls make bad men and bad women" they add. This no doubt has reference to the extreme delicacy of the developing nervous system of the youth and the awful irritation to which the system is subject by decayed, diseased, aching teeth.

The answer to all of which is oral hygiene, dental prophylaxis, care and regular inspection of the oral cavity and teeth, and the regular and systematic use of the tooth-brush.

Dr. Chayes, in a paper read before

the Dental Association of Northern New Jersey, in part said:—"When you say that cleanliness is next to godliness you do not mean to convey the impression that cleanliness implies just a clean exterior, a sort of hand sapolio session with the skin of the body, hands and face:—your intention is surely to include a clean, wholesome interior of the human body, a clean digestive tract, clean kidneys, and primarily a clean mouth containing clean and perfect teeth. This being the case, the vast majority of our school children are hopelessly ungodly, because they are hopelessly unclean as far as their internals are concerned. Why look aside from the issue, and pretend to lessen its importance by disposing of it with a shrug of the shoulders or a gesture of contempt? The issue is there in a great, glaring, grewsome presence, and its importance is greater than vaccination, or the care of the eyes or the nose or throat; greater than any one of the single cares taken upon itself by the municipality, because of the widely beneficial influence the proper care of the mouth and its contents would exert upon the physical well-being and mental fitness of the little citizens."

That this idea is the correct modern idea is substantiated by the introduction of dental inspection of schools, of hospitals, and the establishment of dental clinics and dental hospitals where the indigent poor may have the necessary instruction and education along these lines, and where children of all classes may be taught the true relation which good teeth

bear to a life of future usefulness, to themselves and to those upon whom they depend.

For while I might be speaking too broadly to say that nearly every ailment which oppresses mankind, is the direct result of an unclean mouth, yet it has been demonstrated to the satisfaction of physician and dentist alike, that the dangers which lurk in diseased and neglected teeth are by no means confined to the teeth and mouth themselves, but are felt in a greater or lesser degree in almost every organ of the human body, so liable does the mouth and teeth lay the whole system to general infection.

Thus indigestion, dyspeptic troubles of all kinds, neuralgia and other forms of nervous diseases, as well as anemia, have been directly traced to diseased teeth and unhealthy mouths, the destruction of delicate nerve and blood tissues and abscesses—and there seems no doubt that tuberculosis, typhoid and other germ diseases are constantly contracted through bacteria originally nurtured and developed in the areas of defective teeth, where the germs of these dreaded maladies find almost ideal medium for their multiplication and growth. The oral cavity has wonderful antiseptic qualities when its various organs are allowed their normal and healthy functions and the dangers of contracting infectious maladies through its agency are relatively small in a healthy, normal mouth. But when the teeth are neglected, the oral cavity allowed to become infested with living micro-

organisms—which are always there—fed by the products of their own multiplication, in this ideal unhealthy medium—then the oral cavity becomes a traitorous vanguard, polluting every particle of food which enters it and ultimately poisoning and breaking down the vital organs upon whose normal functions its activities depend.

To appreciate the evil that neglected teeth do, and how to rectify it, it is first necessary to understand the formation and functions of sound normal teeth. The normal tooth is completely armor-plated. Its exposed portion is covered with a very hard closely grained substance known as enamel. Beneath this substance and constituting the bulk of the tooth structure, is the dentine of softer bone-like tissue. Within the tooth structure is a pulp-chamber with nerve canals penetrating the root or roots as the case may be. This pulp-chamber and these canals are filled with delicate blood vessels and nerve filaments which have their inter-relations with all parts of the nervous and vascular system. The teeth used for crushing and grinding have on their upper ends cusps and indentations which give greater facility in masticating food. These cusps and indentations, which naturally provide places in which food collects, are the weak points in the armor of the teeth. The gum acts as a superimposed armor or sheath for the unexposed part of the tooth and the unprotected portion of the dentine of the root. So it will be easily understood that the basis of generalship in

preserving the teeth against attack from their foes, bacteria,—is to learn to keep the armor intact.

That is what is meant by prophylaxis, and prophylaxis is nothing more or less than the gospel of the tooth-brush and its relative methods of keeping the mouth and teeth clean. It is the keynote of the campaign that is being waged throughout the country and perhaps the world, by altruistic dentists and all good practitioners of medicine.

Such, given very simply indeed, is the structure of the teeth. Their primary function, of course, is to masticate food, and the object of mastication is not so much to crush and grind the food, so as to enable the stomach to perform its functions easier, as to enable the saliva to perform its functions effectively, thus aiding the stomach in the first and most important stages of digestion.

The process of digestion does not take place in the stomach alone. With respect to a large portion of our food, it begins in the mouth itself. Thus no starch foods would be properly digested if the action of the stomach were depended upon wholly. It is the saliva which is the all-important factor in their digestion, its effect being to transform the starch. There is no nutritive value in starch as starch, but in the form of glucose, perhaps the greater part of our sustenance is derived from it.

A recent authority calls attention to the fact that this is but little understood by even the best educated, and is well illustrated at every meal they eat. The utmost care is

taken to chew or masticate every particle of meat that is taken into the mouth, but bread and potatoes are given but very scant attention and are swallowed as soon as sufficient moisture will permit. Now meat not being a starchy food does not necessarily require the action of the saliva to digest it. Whereas bread and potatoes are valuable as foods exclusively because of the starch they contain. It must not be understood by this statement that meat should not be masticated, but the point I wish to lay stress upon, is that nature would be better served if the work of the teeth were devoted particularly to those foods which require saliva to digest them.

This is well illustrated in the case of dumb animals who rely upon their instincts to teach them how to eat. Give a dog a cracker and he will pulverize it before he swallows it; he won't swallow the cracker whole because it will do him but little good unless acted upon by the saliva. Throw him a piece of meat and he will swallow it whole, if possible. He won't waste time chewing his meat because it doesn't need saliva. To take a quantity of food into the stomach which that organ cannot digest, results of course, in indigestion or dyspepsia and other diseases which follow in their train. Undigested food increases the work of the organs without compensating them for it. "Taxation without representation is tyranny" in the body as well as in the body politic as has been well said by Dr. Chayes—and the organs of the body soon rebel.

The importance of these facts relative to the process of mastication and digestion, and the topic I am aiming to present, lies in this:—A man eats along the line of least resistance. If one tooth or more, on one side of the mouth is sore or decayed he will relegate the chewing process to the other side, and it will be only half done. If both sides of the mouth contain defective teeth, mastication is apt to be almost wholly neglected, and the food is only bolted. That indigestion and mal-nutrition follow can hardly be surprising.

Then diseased teeth ultimately bring abscesses. Sometimes easily apparent and sometimes they can be detected only by the use of the X-rays. Now the abscess does harm in many ways not known to the laity. Every particle of food taken into the mouth is liable to become impregnated with matter emitted by the abscess sac; and sooner or later is bound to gain entrance to the entire system. Blood poisoning has resulted from such a condition. Then the abscess gradually absorbs the pulp of the tooth, the spongy structure about it, and if left to go on, even the roots of the adjacent teeth and portions of the jawbone. It becomes thus, the center of a dying and poisoned area of blood vessels, nerves and bone.

In order to make clear what relation oral prophylaxis bears to general bodily health and the wide scope which dentistry covers in awakening an interest from the correct viewpoint, both in patient and the general public, as well as the practition-

ers of medicine themselves, it is necessary to cover a great deal of ground, more than a paper of this kind will permit. However, as I am addressing a body composed of men versed in medicine, there are many things I do not have to say in detail.

The mouth—says modern scientific research, is the true index of the body. Some idea of the close relationship existing between the blood vessels of the oral cavity and the rest of the vasular system, may be gathered from the fact, vouched for by an eminent graduate physician and dentist, that a skilled man may go through the medical wards of a general hospital and simply examining the gums of various patients—correctly diagnose the ailments from which they are suffering. Whether this is technically true or not, I cannot positively say, but I do know that in a large number of maladies and ailments, it is very practical, and that there are few of the present-day diseases which do not manifest their presence in the system through oral manifestations.

Hence it is almost as necessary that the dentist be thoroughly well informed in diagnostics as the physician, or he lays himself open to many complications as well as dangers.

Now again, I claim it is just as essential to cleanse a patient's mouth before an operation, as it is to sterilize the operating surgeon's instruments, the operating table, the surgeon's hands and the patient's body. If not wholly as important, it is certainly one of the precautionary measures to a successful operation. And yet how

often is this done? Elaborate aseptic armors have been evolved in the form of the mouth gauze, rubber gloves, etc; but one of the worst pits of infection has been left untouched, the mouth, both of patient and operator. While it is not practical to sterilize the oral cavity, it is possible to practically eliminate the dangers which an unclean mouth harbors.

The time in medical science has already come when the physician needs the dentist in conference rather than the operating table for his patient. When he cannot afford to rely upon superficial knowledge in making diagnosis of various complaints in chronic neuralgias, in stomatitis and in many other ailments with which he may find his patients suffering. He will too often find that the troubles are superinduced from dental causes. An impact molar, for instance, or an incipient abscess resulting from a diseased tooth, has resulted in many a useless operation, or many a puzzling and long treatment when the treatment is truly in the realm of the dental surgeon and not the work of the physician at all.

The physician has got to preach oral prophylaxis and see that his preachings are effectual, in treating successfully, all stomachic disorders and many other undermining ailments, if he would get immediate and satisfactory results.

In many of the metropolitan cities and even in smaller communities, I am glad to say that we are now getting dental inspection of the schools as well as medical inspection.

The children in every school in the entire nation ought to have regular and systematic dental inspection, and no class of school children need this more than those of our own race. As a matter of fact, every home should be a school where oral prophylaxis is taught. The physician here is the principal of this home school of health, when the parent is so careless as not to have the dentist in that capacity, and every mother, father and guardian a teacher, and the tooth-brush would become the keynote to many a healthy career.

In conclusion I want say that the work of the dentist is too lightly looked upon, often by the dentist himself, and more particularly, by you of the broad profession of medicine, and the part that the dental profession is playing in the preservation of mind and body is even less appreciated by the public whom it serves. I hope to see the day when instruction in oral prophylaxis and hygiene is the part of every public school course—when a dentist is on the lecture staff of every public school system in each community, and that this nation may be awakened—especially that part of it so closely related to us of the Central Penna. Med. Society—to the dangers to the youth, particularly, which lurk in unclean, unsanitary and unhealthy mouths and defective teeth. I am positively certain that if the campaign on oral prophylaxis could become effective, the death-rate from germ disease would be reduced almost fifty per cent. in a comparatively short time.

When physician, dentist, hospital surgeon, school teacher, nurse and parent unite in the campaign on unclean mouths, when the child and youth or individual of any age who has not been instructed, have been taught the proper use of the toothbrush; when the theory that the dentist is the ideal dispenser of pain and misery, and not the public benefactor that he truly is, has been exploded; when the mother is taught by the physician and dentist what relation the proper development of

her child's teeth may have both to its future health and facial appearance; when the physician himself realizes that there is something more to the average mouth besides tongue and tonsils requiring inspection; when all these and more relative things have been realized: then the campaign against disease, discomfort, disfigurement, and ailment in general will have begun in earnest and the present dangers lurking in the "world worshipped kiss," will become minimized.

To Remove Wax From The Ear

Sudden one-sided diminution of hearing after bathing may indicate nothing more serious than water in the ear or a plug of wax which has swelled up and obstructed the canal. If no means of syringing is at hand, the instillation of ether and alcohol, equal parts, will dry up the plug and often cause it to disintegrate, with a corresponding improvement in hearing. Swollen seeds, peas or beans in the external canal, a frequent occurrence in children, can be treated similarly—*Amer. Jour. Surgery.*

Chilblains

The treatment of this only too familiar trouble is mainly constitutional, and is to be directed to the improvement of the circulation. In addition cold water for washing is to be avoided and tight boots discarded. The wearing of wollen bed socks at night is a useful prophylactic, while the internal administration of calcium chloride seems to have an almost specific effect.—*Hospital.*

Effect of Drugs on Urine

The color of healthy urine may be affected by drugs such as rhubarb and santonin, which often cause a reddish tinge. The effect of carbolic acid, when absorbed, in turning the urine dark green, is well known. It is obviously important that nurses whose duty it is to observe and report symptoms should be aware of the effect of drugs on the excretions, otherwise they may fail to give the necessary information to the medical attendant, and on the other hand may be unnecessarily alarmed.—*British Journal of Nursing.*

Camphor For The Heart

Much the most certain of all cardiac stimulants is camphor given subcutaneously in seven and one-half gr. doses dissolved in 20 minims of sterilized almond or olive oil. I have seen it succeed in conditions of collapse in typhoid, as well as in pneumonia, when every other heart stimulant had failed. It may be repeated once an hour in urgent cases, or once in three hours.—*Dr. W. H. Thomson, in Medical News.*

Report of Operation for Stone in The Bladder

By JOHN A. KENNEY, Medical Director of Tuskegee Institute Hospital

In reporting this case I shall make no effort to go into the etiology, natural history, etc., of vesical calculi; respectfully referring our readers to the abundant literature on the subject: but as the case proved an interesting one to me, from the size of the stone, conditions attending its removal, convalescence of patient, etc., we thought that it might prove of interest to some of the readers of the Journal.

Patient E. D. J. Male. Age 38. Married. Nativity, South Carolina. Family history, negative. Personal history of no unusual interest with exception of present condition.

Patient came under observation January 20, 1911, complaining of almost constant pain in the region of the bladder, at times extending outward along the urethra. Pains at times very excruciating; frequent urination with considerable tenesmus. Patient gave history of frequently beginning the act of urination with ease, but before the act was finished there would be a sudden stoppage in the flow and much pain thereafter. Present illness had continued about two months; also had similar attacks two years, and five years, ago respectively. With the last attack, there were slight vertigo, and light flashes before the eyes. Also there was passage of thin whitish chalky scales which caused more or less severe suffering, dependent upon the size. He claims that upon one occasion he

was nearly twenty-four hours passing one of these through the urethra, experiencing the most intense and agonizing pain all the while. Physical examination: Patient in good physical condition, well built, chest normal, temperature, pulse and heart sounds normal. There was evidence of no abnormality aside from symptoms referred to the bladder.

Urinalysis: Specific Gravity, 1028, reaction, acid. Color, muddy. Amount of sediment, large. Appearanceropy, mucoid. A large amount of albumen present; no sugar. Microscopical—A few epithelial cells present, also pus cells and blood corpuscles in abundance. Crystals of calcium phosphate in evidence.

Patient was prepared for local examination by injecting a 4 per cent. solution of cocaine into the urethra, which was held in place for ten minutes. Patient was placed on the table in the horizontal position. The metal catheter was introduced and the bladder irrigated with boric acid solution, about six ounces being left in the bladder. The sound was then introduced and there was no difficulty in immediately detecting the presence of the stone. A few small, old clots and two or three drops of fresh blood followed the withdrawal of the sound. The diagnosis of stone in the bladder was then made, and operation advised. The patient's consent for an operation being secured, he was given



Dimensions of stone: greatest circumference seven and one-half inches, smallest circumference six and one-half inches. Weight five and one-half ounces.

abundance of water to drink along with a urinary antiseptic. For this case the Sulpho-Lythin tablet number six, manufactured by Laine Chemical Co., of New York, was selected. This tablet contains 10 grains of Sulpho-Lythin and 3 1-2 grains of Hexamethylenamine (the chemical equivalent of urotropin). Two of these were given with a glass full of water three times daily before meals. He was given a restricted diet, and two days before operation was kept in bed. The day previous to operation his bowels were moved freely with calomel followed by a saline, and the usual preparations were made.

On the morning of January 23rd the operation was performed as follows: The choice of operation in this case was supra-pubic-lithotomy. Patient was fully anesthetized with ether. Bladder was irrigated and left filled with boric solution. Trendelenburg position with hips elevated on a pad. Median incision from symphysis pubes upward, about four inches in length. Muscles divided by blunt dissection. The fascia propria which holds the peritoneal fold to the pubes was separated transversely, and along with the peritoneum was pushed upwards. The bladder was next encountered lying at the bottom of the pre-vesical space. The sound having been introduced into the bladder as a guide, held by an assistant was now manipulated so as to make the anterior wall of the bladder prominent, and with the scalpel the bladder was opened over point of sound. The

fluid from the bladder now gushed out. Finger was inserted and opening in the anterior wall of the bladder was lengthened longitudinally. Fluid was sponged away from the wound, and an effort was made to remove the stone which was found too large for the opening already made. The opening in the bladder was then enlarged and after some difficulty a large phosphatic stone (as seen in plate on opposite page) weighing 5 1-2 ounces was removed almost intact. Some of the external layers however, were broken by effort to lift it out with instruments. The bladder was then washed out with a large amount of boric solution and every particle of the stone removed. A thorough examination was made of the mucosa and found it to be much inflamed, but there was no ulceration present. The wound in the bladder was closed with continuous suture of number 1 chromicized catgut, care being taken not to penetrate the interior wall of the bladder. A number 20 French catheter was inserted into the bladder at the upper angle of the wound for drainage, and the wound was closed up to and around this. The catgut layer of sutures was reinforced by a Lembert suture of number 1 silk. This effectually closed the bladder up to and around the catheter which was used for drainage. The pre-vesical space was drained with a wick of rubber tissue and gauze. The fascia was closed with continuous catgut, and the skin with interrupted horse-hair sutures up to the drain which was left about the middle of the abdominal wound. A

soft rubber catheter was inserted into the urethra for continuous drainage.

AFTER TREATMENT

Through and through drainage was secured so that the solution injected into the bladder through the tube inserted through the abdominal wound would flow readily through the catheter in the urethra. This was connected with a bottle on the floor containing solution bichloride of mercury, and the amount of urine passed from day to day was measured and recorded. Dressings changed the day following operation and found to be well saturated with a bloody fluid, and changed daily thereafter; the parts around the tube being doused with mild bichloride solution, and constant free drainage insured by both routes. Patient suffered no pain nor special inconvenience except got tired of remaining on his back. Some tympanites on the third day caused slight inconvenience, but was relieved by enema. The maximum temperature which was afternoon of the third day, was 100° F. Maximum pulse rate was 96. Patient put on soft diet on the fourth day, and sat up in bed in reclining position with back rest. On the fifth day the temperature was normal, on the seventh day the urine was nearly clear.

The drainage tube was removed

from the bladder on the third day, and gauze and rubber wick drainage withdrawn slightly. Abdominal sutures removed from wound on the seventh day. On the tenth day patient sat up in rocker, and the wick drain entirely removed and was substituted by silk worm gut, and the edges of remaining wound approximated by adhesive plaster.

On the 20th day after operation the wound was closed and the patient discharged and left for his home in South Carolina; cured.

The Urinary antiseptic with abundance of water was kept up, examination of the urine showed conditions normal. Several reports from patient since he left us showed that he was well, and had taken up his duties February 15th—twenty-one days after operation.

The following extract from letter received from him April 1st, may be of some interest: "Your letter received and will say that it found me getting along fine. At times I don't realize that I have had a difficult operation performed. I am now weighing one hundred and eighty-seven pounds. People everywhere speak of the great change in my looks. I made the test as I was asked. No effect was had on the red litmus paper; but the blue paper turned red. I do not experience any soreness at all now."



Self Adjustment

*By C. V. ROMAN, M. D., Ph. D.

There are three classes of people that make up organizations in particular and society in general—Plus Members whose presence adds something of worth to the organization; Minus Members whose presence subtracts something from the desired or expected good, and Zero Members who amount to nothing except as they affect the value of the others. I believe school teachers are plus members of society. In that belief I say to you in the words of Moses,

"The Lord God of your fathers make you a thousand times so many more as ye are, and bless you, as He hath promised you."

In every profession there is a difference between the mere details of practice and the underlying principles of the profession. All who enter the profession in some degree become acquainted with the former. Only the elect ever master the latter. To diffuse this knowledge of the few among the many is the benefit growing out of these meetings.

I do not wish to appear as a reactionary, but my efforts shall be to discuss some fundamental principles of education rather than make a speech about some branch of the practice of the art.

It is a very great privilege to address such a body of workers. "The mind is the standard of the man" just

as much in these days of educational fads, fancies and panaceas as in the days of Israel's wise king who said, "As a man thinketh in his heart, so is he."

Knowledge still is power and the thinkers of the world are real workers of the world. Thought precedes action. Castles in the air ever precede castles on the earth; and the man who never built a castle in the air never built one on earth. Michael Angelo saw the final towers of St. Peters before the foundation stones were laid. Scholarship is still the first requisite of the teacher, as character is the first need of a man, and health the basal blessing of an animal. Scholarship must not, however, be confused with scholasticism,—intellectual cramming with brain development,—metaphysical gymnastics with psychological work,—dynamic thought with mere intellectual potentialities. The mere possession of facts will not make a man a scholar—if so a book would be a scholar—one with the facts only, has the potentialities of scholarship, but not the scholarship; as the market man has the potentialities of a dinner but not the dinner.

Thought coming from the brain, like rays of light from the sun, must strike against something before it becomes manifest. (Illustrate.)

A man must *know* what is true

*An address before the Alabama State Teachers' Association, Huntsville, Alabama, April 13, 1911.

before he can *do* what is right. He must have an army before he can win battles, and he must have thoughts before he can do deeds.

When you have taught a human being to think dynamically and logically,—so that his thoughts become deeds, his words become flesh and dwell among us,—you have done all for him that can be done in the way of teaching; and if you have not done that, your work has been vain, and your teaching as a “sounding brass and a tinkling cymbal.”

A French philosopher has said, “The universe is a thought of God.” Every great work is the crystallization of thought. Industrialism is not antagonistic to scholarship. It is the condensation of subliminal vapors of knowledge into the fructifying rain that makes glad the harvest of our lives. It is the crystallization of wisdom into beneficence.

Knowledge and utility are not enemies. Poverty and goodness are not inseparable companions, and the decay of men is not an essential consequence of wealth accumulation. The man that hitches his wagon to a mule may be just as philosophical and just as poetical as the one that hitches his chariot to a star, and is a deal more likely to reach his journey's end in safety and on time.

The brain is the arbiter of our destiny and is trained through the senses. It is just as logical to train it through the sense of touch,—the hands—as through seeing and hearing.

What would you think of a teamster who had three fine draft horses,

well fitted for every kind of heavy work, yet who resolutely insisted that no matter what the load or emergency, never more than one or two horses should be hitched up at once? And suppose he insisted on calling everybody an enemy to his trade who would suggest that bigger loads—loads he had thought too heavy to move—could be moved by hitching all three horses at once. Really now, what would you think of him? Would you regard him as practical or even sane? (Illustrate.) Of course there never was a teamster who reasoned that way; but what about those educators who maintain that industrialism and the higher education are necessarily antagonistic to each other?

From the beginning men have recognized the necessity of manual labor and the equal necessity of thinking. The only novelty in the modern situation is the proposition to join them together. In other words, since man's mission is to subdue the world, and he must do it through his brain, he ought to call to the aid of that brain all of its servitors, the senses, and he will be able to journey more rapidly towards that desirable goal by the use of the three great senses, seeing, hearing, and touching, than he will by any two alone.

The fate of mankind just now seems largely in the hands of the school teacher and the doctor,—a question of psychology and physiology. *Mens sana in sano corpore* is the crying need of this generation, and it is the duty of every individual

to so adjust himself as to give this thought tangible and visible objectivity in his own person. To every school teacher and every physician, especially of our race, the burning words of Isaiah should come as a personal command.

"Go through, go through the gates; prepare ye the way of the people: cast up, cast up the highway; gather out the stones; lift up a standard for the people."

Self-adjustment is the first essential for successful leadership. "He that is slow to anger is better than the mighty; and he that ruleth his spirit than he that taketh a city." Prov. 16:32.

Adaptability to environment is a necessary condition of existence and is one of the essentials of the fitness as used in the oft quoted phrase, "survival of the fittest." This is true both socially and physically of all terrestrial life, from the minutest ephemera, whose universe is a drop of water or a particle of dust, and whose generations are as the tick of your watch, to that "Soul of the world, that moral and intellectual sensorium of nature—MAN" whose universe is boundless and who dreams of immortality.

Man has solved all the problems of existence except his own, and mastered everything except himself. The only real menace to man's peace and happiness now, is man's relation to man. This is the race problem and all other problems in a nutshell.

There is a strong tendency, especially manifest among the superficial,

to study mankind objectively, instead of subjectively. But all great teachers and successful students of human nature have been introspective. Would you know mankind? Know thyself. The life of the individual is the life of the race. One may be studied from the other.

The fundamental and almost universal error made in seeking self-adjustment is the effort to adjust the world to us instead of adjusting ourselves to the world. As a matter of fact, when an apple falls to the earth, the earth really comes to meet it, but the distance traveled by each is inversely proportional to their respective sizes. So with us and our environs. We are infinitesimal compared to them. We think we are the race, but before Hercules set up his pillars with his *ne plus ultra*; before Rameses conceived the pyramids of Egypt; before Homer sang or Moses received the Ten Commandments; before Joseph's flight into Egypt or Herod's slaughter of the innocents; before Leonidas stood at the Pass of Thermopylae or Xenophen led the retreat of the ten thousand; before Confucius taught or Buddha lived; before the Wise Men journeyed from the east, or the Romans discovered Brittain; before Job had his troubles or Jeremiah had his lamentations; before the Red Sea parted or the walls of Jericho fell; before the Cross on Calvary or the Sermon on the Mount;—in fact, before history began, the Negro race *was*, and when McCauley's South Sea Islander sits on the broken arch of London Bridge to sketch the ruins

of St. Paul, the Negro race will be there, as he was with Columbus, Balboa and Peary. Who knows but that last man so graphically described by the poet will be a Negro? Be that as it may, my point is this: that as far as we as individuals are concerned, the Negro race is eternal—from everlasting to everlasting. So with the climate, so with the country, so with everything external to us.

The conclusion is plain then, if we are ever to get in harmony with our race, our country, our climate, and our environs generally, we must adjust ourselves, for our externals are like the tide in the Pontic Sea, that keeps its due course, ever flowing but never ebbing.

“Self-reverence, self-knowledge, self-control,
These three alone lead life to sovereign power.”

The fundamental pre-requisite in any man's career is that he must live. “Stern and irresistible, hostile and implacable, Death stands sentinel on the boundary line of the unknown.” There are no counter-signs, no passwords, he is a foe alike to all who come, and all must come;—the babe in its swaddling clothes, or decrepitude in the full fruition of years, it matters not.

“The qualities of a people, good or ill, count for naught if that people lacks the physical vitality to triumph over death. Vigorous health must always be the powerful weapon in the struggle to survive.”

Health is not only the vital principle of bliss as the poet sings, but it

is the vital principal of success also.

To win a race, one must stay in the race. “The race is not to the swift.” The first proposition that comes up in adjusting ones' self for a career, is how to live: it is a problem of personality and environment and may be stated thus:

$Y = \text{Environment.}$

$X = \text{Individual personality.}$

$XY = \text{The sum total of life.}$

Find the value of X .

It is a well known mathematical truth that it matters not how many factors be multiplied together, nor what their value, if one is a zero the product is zero. So in the above problem, if the value of X is zero the product is zero, no matter what the value of Y . There is a time in our lives when the value of X is one. Most of us never succeed in adding anything, which makes XY equal Y ; that is, our lives are what our surroundings make them—no more, no less. A few continue to add slowly one by one, and the value of the product continues to increase in spite of Y . A very few boldly add naughts to the right of the one, one after the other, and thus by single strokes wonderfully increase the value of their lives. Many of us have this opportunity and resolve to embrace it but can't decide whether to put the naught to the right or to the left, and thus vacillating in irresolution allow the one to remain one. Others from the first begin to write naughts to the left, and their lives are finally only a fraction of the value of Y . To change the figure, some people allow the ships of their

lives to simply drift on the ocean of existence, taking whatever course the Wind of Opportunity and the Tide of Circumstance may direct. They are citizens of the town of "I Don't Care."

"Have you heard of the Town of Someday,
On the banks of the River Slow,
Where blooms the Wait-awhile flower fair,
Where the sweet Some-time-or-other scents
the air,
And the soft Go-Easies grow?"

"It lies in the valley of Whats-the-Use,
In the province of Let-her-slide,
That tired feeling is native there,
It's the home of the listless I-dont-care,
Where the put-it-offs abide."

Others boldly sail, making for the desired port, regardless of wind and tide. Others deliberately try to scuttle the ship.

Everybody must solve this problem for himself and an individual is to be judged by the value of X and not by the product XY . As we have no means of controlling the value of Y , we should not bother about it, except to utilize its value to the uttermost in increasing the value of X . Neither should we bother about the value of XY , since we can control but one factor; namely, X . All our care and attention should be directed to increasing the value of X , remembering that every life that has increased the value of X is a success, and every one that has not done so is a failure. This is true regardless of Y 's value.

Among the things that increase the value of X we should place first,
PHYSICAL VIGOR AND LENGTH OF
DAYS

The values of X and Y touch each

other very closely here. From one standpoint, to speak of a self-made man is nonsense pure and simple. What influence has an individual in determining who his parents shall be, or where he shall be born? Or in what climate, country or location he shall begin the struggle of life? None! Absolutely none! Yet both the intensity and duration of life depend greatly on these factors. "Like produces like" is a well-known physical law, and to a certain extent

"We are the same our fathers have been,
We see the same sights our fathers have seen,
We drink the same streams and view the
same sun
And run the same race our fathers have run."

But here, as elsewhere, we are only responsible for X , and must not worry about Y , nor XY . It is none of our business whether we are given one talent or ten talents, but our sole concern should be to use well the number we have—whether that number be great or small. The credit lies in increasing X , not in the product XY . Y may be 100 in one place and only 1 in another. There is just as much honor due in the latter case if the product XY equals 3 as in the former if the product equals 300. You do not have to be a George Washington and lead an army in defense of your country to be a hero. WHY?

"If to be a hero you have a great desire,
When the weather is below zero,
Get up and make the fire."

So with duration and intensity of life. There is more credit due one man for living 40 years, than there is another for living 100; and one

person has done more to have done a thing by the time he is sixty than another has done to have done the same thing by the time he is thirty. Frederick Douglass did more to learn to read by the time he was thirty-six than Dr. Johnson did by doing the same thing by the time he was eight years old.

You will notice that I speak of the *intensity* and *duration* of life: we must consider both factors in enumerating correctly ones "length of days." It is my opinion that Shakespeare, "that intellectual ocean whose waves touched all the shores of human thought," lived longer than Methuselah; difference in intensity outweighed difference in duration. "Better fifty years of Europe than a cycle of Cathay." Fifty-two years of Shakespeare beat a thousand years of Methuselah.

Too much intensity, however, is incompatible with sufficient duration, and defeats its own ends, — suffocates, as it were, in the smoke of its own fire.

A pound of water falling ten feet will equal in force ten pounds falling one foot. Theoretically, this is true indefinitely, and one pound falling ten thousand feet would equal in force ten thousand pounds falling one foot. But practically, one pound of water would not fall ten thousand feet, but be so scattered and vaporized that it would not reach the spot at all. So with life,—too much intensity wears it away too rapidly to accomplish much. With the truly great it lessens the value of their lives and frequently defeats all their

aims. With the average one of us the lives of the over intense are

"Like the speech of an idiot,
Full of sound and fury,
Signifying nothing."

Moderate intensity, with reasonable duration is the desideratum, and contributes most liberally in enhancing the value of X. It is fitly embodied in the scriptural injunction,

"Be temperate in all things."

There is a golden mean between the fierce intensity of the individual, who defying his environments, boldly says:—

"Out of the night that covers me,
Black as the pit from pole to pole,
I thank whatever gods may be
For my unconquerable soul.

"In the fell clutch of circumstance
I have not winced nor cried aloud,
Under the bludgeonings of chance
My head is bloody but unbowed.

"Beyond this place of wrath and tears
Looms but the horror of the shade;
And yet, the menace of the years
Finds, and shall find me unafraid.

"It matters not how straight the gate,
How charged with punishment the scroll,
I am the master of my fate
I am the captain of my soul."

There is, I say, a golden mean between such intensity and the fatalistic self-abnegation of the one who resignedly accepts conditions and says contentedly:

"Serene I fold my hands and wait,
Nor care for tide, nor wind, nor sea;
I rave no more 'gainst Time and Fate,
For lo! my own shall come to me.

"I stay my haste, I make delays,
For what avails this eager pace?
I stand amid the eternal ways,
And what is mine shall know my face.

"Asleep, awake, by night and day
The friends I seek are seeking me;
No wind can drive my bark astray,
Nor change the tide of destiny.

"What matter if I stand alone?
I wait with joy the coming years;
My heart shall reap where it has sown,
And garner up its fruit of tears.

"The waters know their own, and draw
The brook that springs in yonder height,
So flows the good with equal law,
Unto the soul of pure delight.

"The stars come nightly to the sky,
The tidal waves unto the sea;
Nor time nor space, nor deep nor high,
Can keep my own away from me."

Need I tell you that the first was written by a young man, and the latter by an old man? And that the young man did not live to be old?

Happy is the man who can face life's battle with the fervid intensity of the first, tempered with the placid equanimity of the second. To find that golden mean and thus raise X to the highest possible value is the sole aim of an education and the chief factor in self-adjustment.

Let me impress upon you, teachers, in your prime, the value of long life in promoting individual welfare in this world. "What profit is it to a man if he gains the whole world and lose his life?" What profit is an education to a dead man? What does it profit hard working parents to send their children to school ten or fifteen years if at the end they come home with an education and consumption? Study the history of the world, you will find that almost without exception, the people who have made "footprints on the sands of time" have lived lives noted for their length

or intensity, or both. What would the world have lost had Oliver Cromwell, Christopher Columbus, John Milton, John Wesley, Sir Isaac Newton, Marcus Aurelius, William Shakespeare, Abraham Lincoln, George Washington, Alfred the Great, Herbert Spencer, Charles Sumner, and a mighty host that have wrought well for mankind,—what would the world have lost, I say, if these men had died at 25 years of age? What would we of this age and generation have lost had Thomas Edison died at 25? Aye! the Savior Himself was thirty years old when he entered upon his active ministry.

My friends, it is an awful loss to have educated and consecrated young men and women die "where manhood's" morning scarcely touches noon and while the shadows are still falling towards the West."

It is as much a man's duty to preserve his life as it is to make it useful. The Bible several times mentions length of days as a blessing. King Hezekiah's life was lengthened as a reward for good works,—long life is one of the rewards for keeping the Ten Commandments,—Christ, Himself called inheriting the earth (long life) a blessing. The fundamental prerequisite to doing anything in the world, either good or bad, is to live. One should be as careful of his health as of his morals or money. If I remember aright, Wisdom is represented as holding out three rewards for her devotees; "Length of days is in her right hand, and in the left riches and honor."

Again, "The wicked shall not live out half their days."

Remember this if you would raise X to the highest power. Prolonging one's life is a philosophical problem whose solution depends upon a triplicate blending of psychology, morals and physiology, which leads to increasing ones resisting power, or to speak medically, in raising the Opsonic Index.

I have attempted to comprehend it in the following creed which I gave to the Senior Medical students of Meharry Medical College, 1910:

1. Above everything and in everything remember,

"There is a divinity that shapes our ends,
Rough-hew them how we may."

Let nothing shake your belief in the existence of a supreme being and your final accountability to Him.

2. "Fret not thyself because of evil doers or them that seem to prosper in their way." Win or lose, do the right and believe with the poet,
"I can but trust that good will fall,
At last far off,
At last to all,
And every winter change to spring."

* * * * *

"Who plays with God as man to man,
Will win at the turn of the game."

3. Be neither timid nor audacious for the one shows the lack of confidence or power, and the other a lack of conscience or skill. But be serenely courageous, having fully prepared yourself to do right—do it with confidence.

4. Be firm but not stubborn—confident but not opinionated—open

to the truth but not changeable—deferential but not servile—seeking always the truth and doing always the right. Hesitate not to change your course when you find you are wrong.

"Seize on the truth where'er 'tis found,
Amongst your friends, amongst your foes,
On Christian or on heathen ground—
The flower's divine, where'er it grows."

5. Remember that the mind alone is capable of perpetual youth and is the determining factor of our lives whether they be happy or unhappy.

"It is not in our stars but in ourselves."

"Our lives are songs,
God writes the words,
And we set them to music at pleasure,
And the song grows glad or sweet or sad
As we choose to fashion the measure."

"Seek ye first the Kingdom of God and his righteousness," is worldly wisdom as well as religious truth.
"As a man thinketh in his heart, so is he."

6. The body is the servant of the mind. A wise man will be kind to his servant. Do not abuse your bodies. Eat enough, but avoid gluttony,—sleep enough but avoid drowsiness. Don't be "finicky" or cranky but be temperate in all things. Be chary of the allurements of John Barleycorn, and the blandishments of Nicotina, the one is a roue without conscience, and the other a hag without morals; both fond of destroying the character and usefulness of the young. No positive good has ever come to any one by associating with either of them. The best that can be said for them is that they

have not robbed *every one* that trusted them.

7. "Cleanliness is next to Godliness" was written centuries before Asepsis was born. If men could thus recognize the truth "seeing through a glass darkly" what right has a doctor of the twentieth century to expect long life and health unless he takes every advantage that "aseptic tools and antiseptic rules" can afford, to guard himself against contagion from without and auto infection from within? *Semper Paratus* must be the motto of the doctor who would live "until like ripe fruit, he drops into his mother's lap." The daily bath is a life preserver.

8. Regularity is the balance wheel of a long life—a vehicle can travel further and with less expenditure of energy on a smooth road than on a rough one. Order is Heaven's first law and habit is the great road master on life's highway. If you will assiduously cultivate good habits from your youth up, they will gradually smooth your way until you will approach the hill of old age without a jolt,—whence the descent into "the Valley of the Shadow" is so gentle and gradual that you will feel no chill when the Death Angel embraces you for the "last cold kiss that awaits us all."

Wouldst thou reach life's farthest border, take the path of regular duty. It often begins very rough, but always grows smoother as we journey, until we fall asleep in a bower of roses to wake in the Vale of Paradise.

Finally, cultivate a love for your work and seek to master it—to become one of the wise men of your profession. Do not forget the reward that Wisdom holds for her devotees, "Length of days is in her right hand; and in her left hand riches and honor."

Remember the pleasant things, forget the unpleasant. Love your friends,—watch, not too closely, however, your enemies. Be careful in business. Be honest in trade. Work for much, hope for much, trust much, *expect* little. Do you find the world bad? Put one good man into it. Do you find the world good? Do not mar that goodness by thrusting a bad man into it. If you do not get what you want, want what you get, and thus approach thy grave in peace,

"Like one that wraps the drapery of his couch about him,

And lies down to pleasant dreams."

"Whosoever heareth these sayings of mine and doeth them, I will liken him unto a wise man which built his house upon a rock;

And the rain descended, and the floods came, and the winds blew, and beat upon that house; and it fell not: for it was founded upon a rock."

This applies to as individuals, simply men and women, now as teachers, professional people, you should study mankind philosophically, historically, racially.

As individuals rise and fall, so with races. Why do nations die? What then are the causes of race superiority? You should find them and give them material objectivity in your own per-

son as well as inculcate them into your pupils.

Let us note some fundamental principles of phylogenetic fitness.

1. The ultimate destinies of a race depend upon its persistent physiological and psychological qualities. Sudden discoveries or large fortunes or new countries may seem to abrogate this law, and money instead of merit determine social position. It is only seeming, however. Titania led by poverty may be seen caressing the long ears of some Bottom whose only recommendation is wealth, but it will not last. *Hope* and not *need* animates men. *Physical* and *mental* fitness and not money are the final arbiters of human fate.

"We may," says a great sociologist, "distinguish two types of men: (a) sensori-motor, moved by sense impressions and sensory images; (b) the ideo-motor, moved by ideas. The race that can make ideas the lodestar of life is certain to supplant a race of impulsivists absorbed in sensations, and the recollections, or anticipation of sensations." The great problem in self-adjustment for the individual Negro to solve is how to become ideo-motor, to lead a purposive, rather than a spontaneous life. (Illustrate—Difference in the walk of Negro and white man—white thinking—Negro laughing.)

2. "The great historic social edifices are built on concurrence of aims, on customs, or religion, or law; never on mere brotherly feeling." This presents another serious problem in self-adjustment for the professional Negro. Senator

Root of New York said last year: "I am coming to think that capacity for united effort to obtain a common object of primary importance, as distinguished from strife about formal or unimportant differences, depends upon the stage of development in civilization which the people or members of any great organization have reached. Every great nation seems to pass at some period through a storm belt of incapacity to unite. The races that are capable of development beyond that point, rule the world; the races that are not capable of it, go down."

He was not talking about us but he struck the bull's eye. Can we subordinate our individual personality sufficiently to adjust ourselves to do team work for the race? This is a great problem in self-adjustment for each individual to solve. This is an uphill road. Can you travel it? They say we can't climb, anyway.

3. There are static epochs in a race's history when one set of qualities are most favorable to success, and dynamic periods when a different set of qualities count for most in the race of life. Excluding climatic adaptability, which always counts there are times when courage, energy and self-reliance are most needed. Again, patience, obedience, quick wit, etc., are the winning qualities.

Stability of character is a valuable asset in any condition of life. To remain cool and steadfast under all conditions and to know when to use sand and when to use oil is another

problem in self-adjustment for the solution of the teacher.

Time will not permit a further excursion into the inviting field of Race Psychology and I must conclude by saying that a strong individualism is the foundation of racial greatness; but this individualism must be tempered with common sense, to adjust itself to the co-operation necessary for the betterment of the species. We are already strong on individuality but lack that self-adjustment that brings co operative common sense. We are like the old man said of his shouting wife—"Just got plenty of sense but are powerful foolish."

The determining factors in human life are subjective. What and how a man thinks, determines his destiny. We build the ladders by which we rise. The conquering forces come from within. The white man's mentality and not his complexion has made him master of the world. Thoughts like dollars are not subject to race discrimination. The world is all right. If we find things hard for us, it is because we have not properly adjusted ourselves. Self-adjustment is the secret of success of individuals and races. It is the great need of our race today. Physical adjustment, mental adjustment, spiritual adjustment. And the first step in giving this to the race is for the leaders to attain it themselves. Never mind about the race problem, just solve the personal one.—Are you adjusting yourself so

as to make the most of your opportunities? *That* is your problem. (Illustrate—"Never mind black man, you just pray yourself.")

A couple of weeks ago I got into my buggy to make a professional call. My horse, like her owner, has some age and experience. Instead of going off promptly as was her wont, she began to kick. I got her quiet without serious damage. Investigation showed that the hold-backs were improperly adjusted. Now what line of action was indicated for me? Set up an endless discussion about the dangers and hardships of having a kicking horse? What must I do when she kicks? Etc., etc.? No, my friends, the error was in the driver's head and not in the horse's heels. I should have seen that the horse was properly hitched before I began to drive. No need to dodge the question by blaming the horse, or the harness, or the stable man. They may have all been at fault, but had I been right I would have been in no danger. Do you catch my point? This is typical of life. Self-adjustment is the alembic in which to dissolve most of the troubles that hinder our success. The person who can adjust himself to be worthy of the six desirable names of Marcus Aurelius—"good, modest, true, rational, equal-minded, magnanimous," can exclaim with Browning's little saint,

"O'er nights brim, day boils at last.

* * * * *

God's in his Heaven,

All's right with the world."

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THIS cut represents the official emblem of our organization. It is made in rolled plate quality hard enameled with blue back-ground and costs seventy-five cents and one dollar. Each member is requested to purchase one. It may be procured from the General Secretary on receipt of price.

Research and Teaching

In our efforts to utilize every advance in Medical knowledge there is danger of doing some poor medical teaching. Laboratories are modern necessities, but there is a limit to their usefulness in medical teaching. Research work belongs to the field of post-graduate study and is not a part of medical teaching proper. To proceed from the known to the unknown is proper educational manner in medicine as well as in literary matters.

Research work has for its object the widening of the fields of knowledge, while teaching has for its object the bringing within the mental grasp of the student the facts already known. A preservation of this distinction is necessary for the success of medical teaching and the advance of medical knowledge. Columbus might have been a very poor teacher of either geography or navigation—and yet his researches revolutionized both.

Post-graduate privilege must not be confounded with under-graduate duties.

A Grave Injustice

The exclusion of Negro physicians from public hospitals is not only an injustice but a danger. That any reputable physician should be denied the privilege of attending his charitable cases in a public institution which he has to help to support, is an injustice so palpable that those twin pillows of "Man's Inhumanity to Man" (Race Prejudice and Selfishness) are scarcely equal to its support. This state of affairs is conducive to the high mortality among Negroes, because it lessens the confidence that the needy should have to make effective agencies for their relief.

The Measure of a Man

To estimate correctly a man's conduct in a given crisis we must know the man—his capabilities and opportunities. We reason mostly by relativity; and comparison is our high-way to conclusion. We commend or condemn by comparison. This is an open sesame to injustice unless we are careful; for characters are like fractions: they must be reduced to a common denominator before accurate comparison can be made. **DUTY FAITHFULLY DONE** is the common denominator of character. By this alone can men justly be compared. The man with one talent that doubles it has done as well as the man with ten when he doubles. Nature is impartial in her requirements but partial in her gifts. She will burn the chubby hand of the in-

nocent babe with the same severity that she will harden the liver of a drunkard; punishing alike the innocent absence of knowledge and the guilty abuse of it. We are the children of nature and have learned injustice from our mother. Cultivation cures or intensifies this hereditary tendency according as we follow the tutelage of our father, God, or our step-father, the devil.

Doctors should remember this when judging each other.

Our Allies: The Nurses

In our fight against disease and death we have no more valuable and helpful allies than the well trained nurses. Their field of usefulness is broadening daily. We now have several well equipped training schools that are turning out good classes yearly, but these are not sufficient to meet the needs. There is a constant and growing demand all over the Southland for colored nurses. The Negro physicians have ceased to be content with simply pill-giving, and are privately, conjointly, or with popular aid, establishing infirmaries, hospitals and sanitariums for the modern treatment of their patients. It would be simply impossible to run these institutions and practice the technical therapeutic appliances for the alleviation of suffering without the assistance of educated, well-trained and conscientious nurses. The experienced nurse has performed her duty for her day and generation, on the whole,—well. We honor her for the part she has played. With the discovery of the

various cocci, bacilli, and other microscopical organisms as the producers and carriers of pathologic conditions, and the rise of aseptic surgery, gynecology, and obstetrics, etc., physicians could no longer trust to the assistant who must of necessity stick her finger into the pitcher of sterile water to determine its temperature. Hence the demand for the trained nurse. That our young women are adequately filling this role there can be no question. Their work in dozens of hospitals and other institutions, also in private cases throughout the length and breadth of this land bespeaks for them the highest adulation.

There was a time when the physician was suspicious of the nurse, lest she should seek to supplant him. Today that condition is changed and exists only where the physician is under-educated or the nurse under-trained, or both together. The educated physician has no fear of the nurse "taking his job," and the trained nurse has no desire to take it. She knows her place. It is the *un-trained* nurse who would be guilty of such illusion, deception and perfidy. Hence, between the educated physician and nurse there usually exists the most satisfactory understanding, and harmonious action, each understanding and respecting the rights of the other. The result is a team work that is hard to surpass.

Our readers will recall many a battle with the grim monster, when the vantage ground seemed all his own, and the patient, in spite of frequent visits and long vigils, seemed destined

to "join that innumerable caravan, where each shall take his chamber in the silent halls of death," when the conscientious services of our faithful allies, the nurses, enabled them to snatch victory from defeat.

Let us then, as physicians recognize their value, accord to them their worth, and extend to them the right hand of fellowship as never before in ceaseless warfare against inebriety, vice, immorality, unhygienic and unsanitary conditions.

Recently we were advised by a nurse who has been for some time in a certain locality that she has been kept busy ever since she has been there, but not one call from the colored physicians. This should not be. There should be some means by which they should get together. In this day of increasing prosperity there are colored families in almost every community who need, and have the means to pay for, the services of a well-trained nurse, and the physician should see that where such is available, she is employed.

Eugenics

We are not pessimistic but are sometimes led to the *Cui bono* argument. What is the use? They say we should cultivate the science of eugenics—improving the human breed—but what good has man been to the earth anyhow? The theological aspect of eugenics is a suitable theme for philosophic contemplation. Whence came we? Whither go we? Why are we at all?

Neglected Opportunities

Dermatology, G. U. work, proctology and prosthesis are fields of profitable specialism too much neglected by our men. Many a struggling practitioner would lighten his burden and fatten his purse as well as please his patrons by an intimate and careful knowledge of these neglected branches. A freckled face may cause more unhappiness than an anteveant uterus, and a properly treated recat fissure may bring a larger fee than al appendectomy.

The Wasserman Reaction in diagnosis of syphilis is too complicated in technique and uncertain in results to be of practical value in every-day practice.

The latest investigation into the cause of surgical shock seems to point to a deficiency of carbon dioxide as the main cause. Acapnia is the word used to describe the condition.

On February 24, 1911, the editor was the guest of Wilberforce University, of Wilbetforce, Ohio. This is the oldest institution of learning founded and controlled by American Negroes. The privilege of being the principal speaker on Founder's Day was an honor much appreciated by "ye editor." Message and messenger were kindly received. Bishop Lee was our host and right royally did he fulfill his functions of exemplifying the hospitality of the University.

Terminology

Unless something is done to rescue medical terminology from the manufacturing chemists a confusion of tongues is imminent. It is well nigh impossible to comprehend the new and fanciful nomenclature of the various synthetics, derivatives, etc., etc., with which medical literature is now flooded.—Where will it end?

Every physician who enters the practice of medicine should in some degree feel a sense of responsibility for the health of the community in which he resides. This is especially true of the Negro, in view of the fact that in very few places are there Negro health representatives. In a great many instances we find that the Negro physicians already feel and accept this responsibility, and are acting accordingly by giving simple health talks to the people in churches, schools and other gatherings, also in circulating either by means of the local papers or otherwise in simple language articles dealing with health conditions.

The following taken from The Tuskegee Student of April 1, 1911, is a sample of what is being done along this line:

THE DANGER OF FLIES

Dr. John A. Kenney, Resident Physician, has written a series of articles making sanitary recommendations. One of them deals with the house fly and is as follows:

Now is the time to kill flies. The common house fly is one of the worst enemies to health we have. He breeds in filth; such as manure heaps, unclean barn yards,

stables, pigpens, toilets, garbage cans and heaps of old rubbish. He is not very discriminating about his food. He will feed on the refuse of the above-mentioned places for a while, and then with legs, wings and belly loaded with this filth and thousands of germs, many of which are disease-breeding, will fly away to your kitchen, or dining room, or bedchamber. There he will walk over your meat, fruit, vegetables, bread and over the sleeping baby's lips, leaving behind him a trail of this filth and these germs, many of which are deadly. Thus, he spreads diarrhoea, dysentery, typhoid fever, tuberculosis and other dangerous diseases. The fly that falls into the pitcher of milk and is thrown out has possibly had washed from his body sufficient dangerous germs to poison the entire household.

Abundance of flies means much filth. The two mean prevalence of disease. Therefore, clean up! clean out!! keep clean!!!

Attack them in their breeding places. Cut off their sources of supply. The female lays her eggs in accumulated filth. They hatch in about ten days. Hence, if the rubbish is disinfected and removed or destroyed once a week, we destroy a generation of flies. By so doing we stop the breed and at the same time cut off their food supply. Then they will seek the interior of your homes. Screen all your doors and windows and keep them out. Keep your kitchens and dining rooms clean. Cover up everything that is eatable. Don't let soiled dishes or kitchen utensils stand for a minute. Where there are earth closets, use pails, plenty of dry earth, lime, ashes and fly proof covers. Starve out the flies; then put down fly paper and fly poison and they'll flock to it.

Ethnological Progress

"It * * * Pays to help make decent law-abiding citizens of the Negro."—(Editorial) Atlanta Constitution.

The following editorial from one of the South's greatest dailies is of

interest to the physicians no less than to the laity, for first of all the good physician must be a good citizen.

The Negroes of Atlanta have set a pace. They undertook what to some of the most sanguine supporters of the race seemed the well-nigh impossible—to raise \$40,000 in ten days for Y. M. C. A. work! But at the end of that time they had raised \$57,000, and they increased the amount to \$67,000. All honor to the moving spirits of the campaign, and no less honor to those who so nobly supported them by giving of their means.

The Journal wishes its readers to take courage from the reading of this Editorial: First for what members of our race have accomplished; second, for the recognition given them by this great moulder of Southern sentiment. The Editors of the Journal extend their thanks to the Editor of the Constitution for those brave and encouraging words, and assure him that such recognition will do more to encourage the struggling Negroes of Atlanta and the South, to make of them energetic, faithful citizens, and to strengthen their friendship for, and loyalty to, the White Man, than anything that has happened in the South in recent years. The Negroes know how to respond to kindness.

The following is the editorial:

A NEW LIGHT ON THE SOUTHERN WHITE MAN'S BURDEN

The Negro problem is the South's "skeleton in the closet;" its quiescent, but ever-menacing, volcano; its riddle that must be

solved in the right way or the ruinous way.

To the most thoughtful southerners attending the Southern Commercial Congress, The Constitution presents a suggestion flowing from a recent phenomenal experience Atlanta has had with the problem in the concrete.

The \$600,000 enlargement campaign for the Young Men's Christian Association has just reached a successful conclusion.

The reconstruction that success brings to the men's department, the boys' department, the women's department, is important and far-reaching.

But the most significant disclosure of an analysis of the campaign is the light it throws upon the capacity of the Negro to respond to influences assuming his good citizenship rather than his instincts toward criminality.

That result stands out emphasized in amazing bas-relief, qualified with a feeling of pathos among those workers who know with what an anxious eagerness the Negroes labored to more than fulfill their part of the compact.

From the total of \$600,000, \$100,000 was to be set aside for the improvement of the branch devoted to the Negroes, and a Chicago philanthropist, Mr. Ben Rosenwald, contributed \$25,000, conditioned on the remaining \$75,000 being subscribed.

Of this \$100,000, the Negroes were assigned to raise \$40,000 in ten days.

They did that, and more!

At the expiration of the ten-day period they had raised \$57,000, in addition to the equity in their present building.

That did not satisfy them.

They hammered, and fine-tooth-combed, and persisted until when finis was written to the campaign, they had pledged the sum of \$67,000, or—

Twenty-seven thousand dollars in excess of the amount required of them! And they are still subscribing!

The details of their campaign are nothing short of marvelous.

The total number of Negroes subscribing is placed at 5,500.

In proportion to the givers among the white people, and in ratio to the white and Negro population of Atlanta—

The ratio between the white and Negro subscribers, in proportion to population, is about three to one, with the predominance in favor of the Negroes.

Their organization was perfect. Their contributions ranged from 25 cents to \$1,000.

They approached the most and least important of their own people.

Their bands hung to the task with the persistence of beagle hounds, obstinate and conscientious as installment collectors, representing to the reluctant contributor that the pride of the race was at stake and that failure would deal a blow at racial prestige.

The result stands for itself. It disproves the misgiving, first entertained by the committees in charge of the campaign, that the Negroes would need help from the whites to complete their quota.

Astute students of the Negro have emphasized his lack of race consciousness and cohesion as the main premises for misgiving.

Both indictments were sweepingly dismissed by the Atlanta campaign.

The explanation is simple but portentous.

The Negro was assigned a task that assumed citizenship, manhood and the possession of possibilities inhering in both.

Too often they that deal with the Negro problem approach the Negro as foreordained to lack of initiative, viciousness, the impulse of the criminal.

The Atlanta experiment proves which is the more effectual attitude.

Should it not hold a lesson for the Southern people?

The motive of the question is not precisely philanthropic.

It is economic, self-preservative!

There are more than 8,000,000 Negroes in the South.

Whether or not we like it, we cannot escape the contagion of the evil influences that make them poor, undependable workers, that riddle their ranks with disease,

that send forth from their mass streams of criminals.

The superior civilization, the white man, bears the burden.

Is it not well for Atlanta, for Georgia, for the South, to analyze the lesson of the achievement of the Negroes in the Y. M. C. A. campaign? It shows that it pays to help make decent, law-abiding citizens of the Negro, instead of taking it for granted that the whites must be taxed to treat them as criminals.—Editorial: Atlanta Constitution: March 9, 1911.

As an illustration of prosthetic surgery read the following account of Dr. Murphy's work before the Clinical Congress of the Surgeons of North America:

A REMARKABLE TRANSPLANTATION

Unquestionably the most marvelous piece of work exhibited was that of restoration of the forearm by Dr. John B. Murphy.

A man had the entire flesh of his forearm burned away from about three inches below the elbow to the annular ligament. Five years after the accident there was nothing to be found except cicatrix periosteum and bone; and the thumb and fingers were absolutely valueless; yet, a reparative operation was designed and carried out in this manner:

First step: By an hour's careful work the entire scar was cut away, leaving nothing but a bunch of contracted, atrophied muscles near the elbow, the denuded periosteum of radius and ulna, and the structures at the wrist. Second Step: The tendon of

each digit was brought down from the palm and split so as to double the length; then the muscles and fascia at the elbow were split and stretched until they readily reached the tendons so as to permit of suturing without tension, and were then temporarily dropped. Third Step: A piece of skin five inches wide by nine inches long was cut from the abdomen of the patient, together with all the underlying fat down to the fascia of the external oblique. Through this fat were next passed, directly beneath the skin, five slender dressing-forceps. Then, taking up in each of these forceps the end of one of the newly made flexor tendons, the latter were brought, one by one, through the fatty tissue, which henceforth will act as "tendon-sheaths;" lastly, the tendons were sutured to the separated parts of muscles near the elbow. When all were perfectly adjusted, the skin was sutured at the edges, with extreme care. Fourth step: The wound of the abdomen was closed by sutures and Thiersch graft.

The first dressing was made at the end of two weeks. Perfect healing had occurred, with the exception of one stitch-hole near the elbow. Already the man could flex fingers and thumb to considerably more than a right angle.

It is almost like desecration to state in cold words that the applause at this first dressing was tremendous! Indeed, more than one experienced surgeon present "swallowed hard" to keep back the tears of repressed emotion. Such a manifestation of admiration and pleasure I have never seen save in the playhouse where the audience was under the magic influence of a Bernhardt or a Paderewski.

Such work, indeed, is *surgery* of the highest order.



SKETCHES FROM LIFE

"A tale should be judicious, clear, succinct;
The language plain, and incidents well linked;
Tell not as new, what everybody knows,
And, new or old, still hasten to a close;
There, centering in a focus round and neat,
Let all your rays of information meet"

Beating a Baron

Baron Hengelmuller, Austrian Ambassador and dean of the corps, prides himself on his game of chess. Some years ago the baron met a young man whose name he did not catch when the introductions were made. Chess was the topic of the conversation by all those in the company; and presently the young man suggested diffidently that he would be highly honored if the baron would play a game with him.

The baron consented. They sat down; after a few moves the baron looked up from the table checkmated and found the young man reading a paper. The chessmen were placed again and, after not so many moves as before, the baron looked up to find the young man reading the paper again and himself checkmated.

After his dinner the baron came back. He wanted another game, being somewhat chagrined at the ease with which he had been beaten. As he came in he found the young man who had played with him that afternoon blindfolded and playing against sixteen opponents at the same time. The young man was Pillsbury.—Saturday Evening Post.

A Valuable Vocabulary

Professor Edward Frisbie, United States Navy, retired, has a Negro servant named Mary who interlards her conversation with every long word she can hear or learn—and some she invents.

One day a man called at the door of the Frisbie house and Mary answered the bell.

Mrs. Frisbie later asked Mary who the caller was. Mary replied it was a man who came to see about the tuberculosis in the water.

"Why, Mary," said Mrs. Frisbie, "that cannot be. There is no tuberculosis in our water. You must be mistaken."

"'Deed, ma'am, no I ain't. I done tol' him dere was no tuberculosis in th' watah we done drink, for we don't drink no tap water—not a drap nohow; an' I shet th' doh en he face."

When Professor Frisbie came home he was told of the occurrence and thought about it for a long time. Finally he saw a great light and called Mary.

"Mary," he said, "did the man ask about the consumption of the water?"

"Yassir," replied Mary, vindicated; "'deed he did—dat's what he came foh to see."—Saturday Evening Post.

The University Correspondent has collected the following new and highly original information from English examination papers:

The Pyramids are a range of mountains between France and Spain.

Monsoons are fertile gorges between the Himalayas.

When England was placed under an interdict the Pope stopped all births, marriages and deaths for a year.

Isinglass is a whitish substance made from the bladders of surgeons.

The line opposite the right angle in a right angled triangle is called the hippopotamus.

Liberty of conscience means doing wrong and not worrying about it afterward.

The German Emperor is called the Gey-sir.

John Burns was one of the claimants to the throne of Scotland in the reign of Edward I.

"Mute inglorious Milton" was an epitaph used by a writer who was envious of Milton being Poet Orient.

Queen Elizabeth rode a white horse from Kenilworth through Coventry with nothing on and Raleigh offered her his cloak.

Ben Jonson is one of the three highest mountains in Scotland.—Independent.

A Discovery

A one-armed man entered a restaurant at noon and seated himself next a dapper, little other-people's business man. The latter at once noticed his neighbor's right sleeve hanging loose and kept eyeing it in a how-did-it-happen sort of way, but the one-armed man paid no attention to him. Finally the inquisitive one could stand it no longer. He changed his position, cleared his throat and said, "I beg your pardon, sir, but I see you have lost an arm."

The one-armed man picked up his sleeve with his left hand and peered anxiously into it. "Bless my soul!" he exclaimed, looking up with great surprise, "I do believe you are right."

Has it been a weary day?

Let it pass.

Lots of others on the way—

They will pass.

Soon the skies will start to lighten,

All around begins to brighten,

And misfortune cease to frighten—

Let it pass.

Does the world the wrong way rub you?

Let it pass.

Did your best friend seem to snub you?

Let it pass.

Chances are you were mistaken,

None is ever quite forsaken:

All for naught our faith was shaken.

Let it pass.

—British Weekly.

He Wasn't Clubbed

"A man in our neighborhood who used to practice two hours every day on a trombone is laid up in the hospital."

"Serves him right!"

"I know what you think, but you're mistaken. He has typhoid fever."—Birmingham Age-Herald.

A Reverie

A Hebrew Pedler was trying to sell oranges from his push-cart. He was a man of middle size, and wore spectacles. Down the avenue came striding a powerfully built tough, slightly over six feet in height. He pocketed several of the pedler's oranges, and, when the man protested, knocked him down, broke his spectacles and kicked him while he was lying on the sidewalk. The pedler put up as game a fight as, granted his size, he could be expected to extemporize in defense of his property and his right to live. The fight lasted ten minutes. Then the assailant continued his walk down the avenue. A little later two policemen arrived and haled the pedler to the station-house, where his name and address were taken. Three hours later two plain-clothes detectives were told to find the tough, who was known in the district. He remains, we believe, undiscovered to this day. The sergeant at the desk said that there were fifty such unprovoked assaults each week in that district, and that it would require a man at each street corner to prevent them. All of which proves little more than that some of the principles of Christian teaching are as yet not universally accepted. Especially do frequent petty injustices prevail in the places where the poor live their obscure lives.—Colliers.

Abou Ben Adhem had discovered that his name led all the rest. "Well," he said, "alphabetically, that's where it belongs." Dropping a tear of sympathy for poor Xenophon, whose name was near the foot of the list, he kept right on loving his fellow-men—Chicago Tribune.

Make Good

"Wake up, Cull," says the burglar, shaking the man by the shoulder.

The man wakes up and jumps up, too.

"I went troo dis house las' week an' got \$100 an' a bum gold watch," explained the burglar; "an' de papers said dat you said your loss was \$100 an' joolry to the amount o' five or six hundred."

"Ye-yes?"

"Well, make good, sport. Me pardner dat was watchin' on de outside made me cough up de difference between what I got and what you said I got. Now, you got to make good. You can't beat me dat way."—Judges Library.

The extremely portly and pompous Mr. Trigget, whose weight, roughly estimated, may come within 325 pounds, was out walking with his small grandson a few Sundays ago. The latter was consumed by an intense thirst for information, and, after asking a series of unanswerable questions, he inquired casually:

"Say, grandpa, what is we all made of?"

This question his grandfather, being thoroughly orthodox, felt qualified to answer, and he replied:

"We are made of the dust of the earth, my child."

"My child" maintained silence for a few minutes; then commented thoughtfully:

"It must have made an awful big hole where they took you out, grandpa.—Providence Journal.

Traveler(who is waiting for train already thirty minutes overdue)—I say, porter, how long do you think I shall have to wait for that train?

Porter—Bedad, Oi can't say, sor, but the longer you wait the more shure ut is to come in the next minute.

True to Life

Examiner:—How would you resuscitate an asphyxiated infant?

Applicant:—The head of the child is crushed and the brains removed.

Hustlers

"A good turkey dinner and mince pie," said Simeon Ford, "always puts us in a lethargic mood—makes us feel, in fact, like the natives of Nola Chunky.

"In Nola Chunky, one day I said to a man:

"What is the principal occupation of this town?"

"Wall, boss," the man answered, yawning, 'in winter they mostly sets on the east side of the house and follers the sun around to the west, and in summer they sets on the west side and follers the shade around to the east.'"

Where Surgery Falls Short

"Surgery," said Simeon Ford at a dinner in New York, "accomplishes wonders nowadays. Hearts are sewed up; the appendix is removed; the large intestine is done away with. But—"

The noted humorist smiled.

"But will the time ever come when surgery will be able to remove the cheek of a young man or the jaw of an old woman?"—New York Sun.

Naughty Poly

A young lady Dr. named Pr.

Had a parrot that constantly shr.

That parrot would swear

Till he brimstoned the air,

And if she protested he mr.

—Boston Transcript.

Soft and Hard Pulls

The painless dentist gave a mighty yank and the tooth of the bleeding patient clattered upon the floor.

"I thought you said you could pull teeth without pain?" yelled the victim.

"I can pull them without pain," said the dentist gently, "but when I do I don't pull them hard enough to make them come out."

—Charlottesville Messenger.

Of Interest to Pharmacists

We are pleased to note in this issue very good news coming from one of our enterprising friends of Albany, Ga. There has recently been established the Lee Chemical Company, incorporated, with M. O. Lee, as President. Dr. Lee is prominently connected with the Artesian Drug Co., of Albany, which does both a wholesale and retail business.

Board and McGuire, Druggists, having their establishment at 1912-1-2 14th Street, N. W., have recently extended their business in the purchase of the drug store of Gessford at 9th and U Streets, N. W., They are meeting with well merited success in their new stand.

The Hair-Vim Chemical Company, successor to The Columbia

Chemical Company, of Newport News, Va., has established its headquarters at 643 Florida Ave., N. W., Washington, D. C. Mrs. J. P. H. Coleman, is President and Manager of the Company.

Dr. George A. Thompson, of Richmond, Va., has been asked to present a paper at the next meeting of the National Medical Association. Dr. Thompson is the pioneer among Negro Druggists in the state of Virginia, and his large experience and intimate knowledge of the drug trade should make his paper of vast interest to the Association in many respects.

MRS. J. P. H. COLEMAN,
Phar. Secretary.

Quinine Applied Externally

It was Dr. Petty, of Memphis, Tenn., who discovered that quinine bisulphate dissolved in glycerin and applied locally would give systemic effect same as when it was given internally. It is used as follows:

Quinide bisulphate.....1 ounce

Glycerin q. s. ad.....4 ounces

Mix with heat (hot-water bath or set out in sunshine for a few hours).

Sig: Apply one or two drachms locally every three or four hours

It is likely that this would be absorbed faster if the skin was first moistened with water before applying the mixture. This method of using quinine has many advantages over the internal use. It does away with the bad taste, something that many adults and most all children will be pleased with. When the stomach is irritated and will not retain anything this method is useful.

All physicians who have practice in a malarial district first give a purgative before giving quinine, as, when the stomach is foul, the bowels

loaded and the liver torpid the internal use of quinine is not reliable in its action. Occasionally the chill time is too close at hand to first give a purgative and follow with quinine internally.

A Non-Irritating Depilatory

Depilatories containing the sulphides of barium, strontium and calcium and an inactive substance like chalk, talc or starch are extremely irritating to the skin. This can be avoided by preparing them hot, says J. Lutje, in the *Journal de Pharmacie et de Chimie*. To prepare such mixtures 1.5 grams of strontium, or an equivalent quantity of barium or calcium sulphide, is triturated with 2 grams of starch and 8 grams of water and the mixture heated to boiling, with continuous stirring. Upon cooling, a creamy mixture is obtained, which is as efficacious as the mixture prepared in the cold and does not hurt the skin.—Med. Brief.

Of Interest to Nurses

We believe it is essential for the best good of both professions represented that Doctors and Nurses should be in closer relationship, since they have one common object in their work—the relief of the suffering. We already have several nurses on our subscription list, many of whom enjoy reading the Journal as much as our physicians. We have decided, that in order that there may be better results, to open our columns to the Nurses for short interesting articles pertaining to nursing, also for items of interest with reference to Hospitals, Training Schools and Private Nursing.

—Editors.

Miss Annie M. Ayers, a graduate of Provident Hospital, Chicago, who has acceptably filled the position of Assistant Head Nurse at the Tuskegee Institute Hospital and Nurse Training School for the present school year, has resigned; her resignation to take effect at the close of the present school year. Just what her future plans are has not as yet been publicly announced; however, she says she has "definite plans," hence, we may look out for announcements later.

We assume that the National Association of Colored Nurses is preparing for its annual meeting. A very successful meeting was held in Philadelphia last summer. We have not as yet received official notice of this

year's meeting but have reasons to believe that this year's meeting will surpass that of last. This organization has set about to do a good work and we very much hope that nothing will deter them in their endeavors.

Miss Armita A. Nelson, a graduate of the Tuskegee Institute Nurse Training School, Class of 1910, has been employed as Head Nurse in charge of Hale Infirmary, Montgomery, Alabama.

There are twelve nurses in the 1911 graduating class of the Tuskegee Institute Nurse Training School.

My Experience in Nursing an Obstetrical Case

BY H. PAULINE DICKENS,
Senior Class, Tuskegee Institute Training School

It has always been my desire to know the mysteries attending child birth, but imagine my disappointment when I found I would have to reach the senior class in nurse training before the knowledge would be imparted to me. Reading on the topic did not satisfy my desire, I wanted knowledge gained by actual experience. I resolved to wait patiently, and my joy knew no bounds, when on the 1st of October, 1910, our head nurse summoned me to her office, and informed me that I was to nurse an obstetrical case in a neighboring town.

I had seen two cases, and partially taken care of one of these. As

soon as I received the notice, I began a diligent research of obstetric topics and began carefully studying lectures and notes given by the head nurse and resident physician, and on the 27th of December, when I was summoned by telegram to come to the case, I was delighted. However, I felt a little apprehensive to do my first real obstetric work among strangers.

I left Tuskegee December 27th; arriving at the home, I was met at the door by a sweet faced young woman who by her cheerful disposition and pleasant manners immediately won me.

In a few hours after arriving I had gained the following information, that three years previous, at the birth of her first child, she had suffered from puerperal septicemia, and from symptoms she gave I judged that she had bordered on puerperal eclampsia. She had had considerable trouble with her breast; and showed me the scars where three incisions had been made. I resolved within myself, that so far as it was in my power that there should be no repetition of any of these conditions in this particular case. By close questioning, I found that she had had many false alarms, but when I reckoned the time, I found I would have at least seven days in which to make preparations. In order to be on the safe side I immediately began to make supplies. She had had no sterilizing done. I began looking around to see what improvisations could be made. Luckily I found the remains of a cooking steamer, and with this, and a porce-

lain pail I improvised a sterilizer and successfully sterilized all articles to be used directly about the patient.

Time never crawls so slowly as it does to a nervous expectant mother and a waiting nurse. At times she would become much depressed and discouraged. Then I would do all in my power to comfort and cheer her. On the morning of the 6th, of January it seemed that our suspense was soon to be over, for while the patient was in the yard walking around, she perceived an unusual discharge. She ran into the house to me very much excited. I knew that it was time to get busy. She began to cry, and was very much upset. I assured her that all was well, and immediately phoned the doctor, clearly stating what had occurred. He came, and on examination, finding some dilatation told me he expected delivery some time during the night. I made all preparations, and toward evening the patient's pains became longer and the intervals between them shorter. I gave her a bath, had her arrange her hair, emptied her bowels by a simple enema, and then called up the doctor, giving him information about pains, etc. He immediately came, and after watching the patient a few minutes, and seeing the frequency of pains he advised me to put her to bed in the dorsal position. He examined her, and said that labor was progressing nicely. All things being in order, I sat at the head of the bed, and let the patient hold my hands. As the second stage came on the pains became so great that she

began piteously begging for chloroform, whereupon the doctor advised me to put a handkerchief in a glass, poured in some chloroform, and as the pains would come on, I would hold the glass to her nose, removing it when pains subsided. For about three hours this continued. About nine o'clock the doctor began telling her to cease bearing down. I then prepared the blanket for receiving the child. In a few minutes the child was delivered. As soon as pulsation ceased, he severed the cord, and handed the baby to me. I oiled and wrapped it well, and put it in a warm place, and then got a basin in which to receive the afterbirth, which followed quickly. The doctor cleansed the patient, and found a slight laceration. About this time a telephone message summoned him to the hospital. Assuring me that he would return at twelve, he left me in charge of everything, giving me orders to sterilize his instruments for the operation at twelve. When he returned I had everything about ready. Two sutures were taken without administering an anesthetic. I then bathed and dressed the baby, looking carefully after its eyes, mouth, nose and the cord.

I watched the patient during the night for hemorrhage. She rested fairly well for the first two days, but on the morning of the third day she began complaining of terrible pains in her abdomen. I phoned the doctor, who on arrival had me put her in the cross bed position, and on examination several large clots and some shreds of tissue were found and

removed, and a hot vaginal douche of 1-5000 bichloride given. After this she began immediately to improve. For the first few days she subsisted entirely upon raw eggs, simply broken in a glass with a little salt, pepper and lemon juice over them. About the time for the appearance of milk I noticed the left breast looked a bit angry, and felt very hard. She also began complaining of pains in the same. Knowing this to be the same which had previously given trouble, I began massaging with olive oil according to the doctor's direction. In spite of this the breast got worse each day. The doctor ordered the use of the breast pump, and an ointment along with the massage. This was kept up, and the rising of the breast prevented. Much to my dismay on his fourth visit the physician announced that he would not call unless summoned. As no new symptoms developed, I was able to take care of mother and babe with ease. When I thought necessary, I would call doctor, receive his orders, strictly carrying them out.

Having been a great sufferer from prolapsus uteri, and also having several attacks of nervous exhaustion I deemed it necessary to keep the patient in bed for at least two weeks. On the fourteenth day I began propping her up in bed, and gradually increased the time each day. On the twentieth day I took her out of bed, and let her sit in a rocker. From this on, she began going about the room, first only making a few steps increasing them as her strength would permit.

Just a few days before the baby was a month old, my patient came to me asking, if I thought she could get along without my assistance. I answered in the affirmative, whereupon she said that she would let me go in a few days. I was delighted at the thought of returning to the hospital to resume my studies, but must say that it was with a feeling of reluctance that I left mother and baby whom I had learned to love devotedly, and above all, I had the

satisfaction of knowing that she had escaped the serious complications which she had previously experienced.

We acknowledge receipt of the program of the 13th annual graduating exercises of the Hospital and Training School for Nurses, Charleston, S. C., April 24, 1911. There are three nurses in the graduating class. Dr. A. C. McClennan is the medical director of this hospital and training school.

The following "Don'ts" from the columns of The "Medical Council" for April are well worth reproduction and perusal a number of times.—Editor.

Don't be slow in your attention to your patients!

Don't spend too much time with your patients. Get your case history, make your diagnosis and institute treatment, and leave, if on a call, or invite in your next patient if in the office.

Don't visit with your patients when calling on them in a professional way, as you may innocently drop some remark which may mean a loss to you in the future.

Don't make your office the resort for all of the town loafers, either during or after office hours.

Don't tell your wife all about your cases, as she may not understand all the particulars and may tell the neighbors things which will act to embarrass you.

Don't treat patients on the street or in public places.

Don't tell your patients what medicines you are giving, as the effect is all they need know anything about.

Don't make the saloon your loafing place,

for if you do not imbibe you may be accused of so doing if you hang about such places.

Don't try to be too dignified, as false dignity is worse than none.

Don't antagonize the children. They are the doctor's best friends.

Don't do anything which any other decent man would not do and you will meet with success.—G. L. S., in Physicians' Business Journal.

Milk as a Food

Milk is undoubtedly more easily digested than any other food. It is more nearly allied to the blood. It is quickly absorbed into the circulation and becomes a part of the tissues of the body with the use of considerably less energy than is required to bring about the chemical changes which are essential in preparing the ordinary foods for use in the human tissues. Milk is a cleaner food than meat. It is not so likely to fill the system with impurities, especially when used without the addition of other foods. Milk added to the ordinary hearty meal is of very doubtful value, though when it is apparently digested without special effort and when no unpleasant symptoms ensue, there can be no objection to this method of taking it.—From Physical Culture for May.

N. M. A. Communications

The Hampton Meeting

We are planning to give you all the best ever. The members of our local society, embracing Portsmouth, Norfolk, Newport News, Berkley, Suffolk, Cape Charles and Hampton are all quite enthusiastic over your meeting here and we are sure you will have no occasion to regret your coming. It gives me genuine pleasure to say to you that the Hampton Institute is rendering us every encouragement in the matter and their doors will be thrown wide open to receive you.

With kindest regards, I am,

Yours very truly,

(Signed) W. E. ATKINS,

Chairman of the Banquet
Committee.

Correction

In volume 2, No. 4, page 315, of the Journal, Dr. J. H. Burney of Athens, Ga., is given credit for the discussion of a paper on Medical Education at the meeting in Washington, 1910. This is incorrect, and credit is hereby given to Dr. J. A. Bugg of Lynchburg, Va., instead.

The next meeting of the N. M. A. will be held in Hampton, Virginia, August 22, 23, 24, 1911. All physicians, dentists, and pharmacists are invited to attend. Please send advance notice of your intention to be present to Dr. J. J. Jones, chairman local committee, also to the General Secretary.

Our 1911 Meeting

Dr. W. P. Dickerson of Newport News, Va., Vice-chairman of the Local Committee for the entertainment of the N. M. A. at Hampton next August, on the date of April 5, advises that the Academic building on the grounds of Hampton Institute has been selected for the holding of the general sessions. That it is charming for the purpose. The room is spacious, and overlooks the Hampton Roads from which in the summer may be had a continuous delightful breeze. The room for the exhibits will be on the floor below, by which the delegates must pass in attending the general sessions. He adds, "We are going to give an entertainment next summer that will certainly be in keeping with past occasions and the dignity of the N. M. A. It is our purpose to do credit to ourselves and the N. M. A. next summer."

The General Secretary wishes to advise constituent or affiliated associations that the program is being made out for the next meeting of the N. M. A., in Hampton, August 22, 23, 24th, and it is desired that one recommendation for essayist on the program be sent in promptly from each constituent association.

The National Medical Association will hold its 13th annual session in Hampton, Va., August 22, 23, 24, 1911.

The General Secretary wishes to bring to the attention of any member of the National Medical Association the fact, that if he has not yet received his certificate of membership, the same can be obtained by enclosing to him prescription blank, or card with full name and address, also degree, together with a five cent stamp for postage, and same will be forwarded to him.

Nassau, N. P.

Bahamas, B. W. I.

March 14, 1911.

J. A. Kenney, M. D.

Sec. N. M. A.,

Tuskegee, Ala.

My Dear Doctor:

I suppose I am in order in enclosing \$3.00, being amount due for membership fee to the N. M. A. for the year 1911. If I am in error kindly let me know.

With best wishes for continued success.

Sincerely yours,

(Signed) W. A. PITT.

At the last meeting of the National Medical Association the Executive Board made the following recommendation which was adopted by the Association: That the State Vice-presidents and Secretaries of State and Local Organizations of the National Medical Association collect dues from members of the State or Local Organizations who are in arrears in the National Medical Association and forward same to the General Secretary. In accordance with this provision the lists

of delinquent members have been forwarded to the State Vice-presidents, and it is hoped that they will endeavor energetically to collect the said dues, as the Association is decidedly in need of the same in order to meet current expenses.

We also wish to again call attention to the fact that the General Secretary has been advised by the Executive Board to drop from the Association roll all delinquent members. This to take effect six months from date of adoption, which was August 25, 1910.

The General Secretary wishes to announce that he has done what he could in order to get the delinquent members to pay up, so as to avoid dropping them from the roll. He has made out and mailed notices of arrearages to each member, aside from sending a list to each State Vice-president. He is sorry to announce that up to the present the responses have been less than three per cent. of those addressed, and he further advises that he has no other alternative than to obey the orders of the Association and to proceed to drop from roll of members those who are delinquent.

Members so dropped can be reinstated on application and payment of all arrearages.

The General Secretary wishes to explain for the information of the State Vice-presidents that the list of names recently sent to them with amounts opposite the names, are those of members of the Association who are in arrears and they are re-

spectfully requested to collect arrearages and turn in the same through the General Secretary.

845 Glasgow St.,
April 5, 1911.

Dr. J. A. Kenney,
Tuskegee Institute, Ala.

Dear doctor:

Both of your very interesting letters have been received. In reply permit me to inform you that the various committees are at work in connection with their respective duties of preparing for the coming of the N. M. A.

Please feel that the men charged with the important work of preparing for the occasion are awake to the responsibilities devolving upon them.

Faithfully yours,
(Signed) W. E. REID,
State Vice-President.

The Hampton Meeting

The Tidewater Medical Society, through its Local Committee, has authorized me to inform the National Medical Association of Doctors, Dentists, and Pharmacists that they are most cordially invited to hold their Annual Session in Hampton, August, 1911.

We shall endeavor to make it the greatest meeting held yet by the August Body.

I remain fraternally yours,
(Signed) J. J. JONES, Chairman.
Hampton, Va.
April 6, 1911.

Our subscribers are urged to promptly forward to the office of the Managing Editor any change of addresses; and in such instances giving both old and new addresses.

At the Washington meeting of the N. M. A., August, 1910, a call was made for individual donations to help lift the indebtedness from the Journal. The following responded very generously, and we wish to take this method of acknowledging with thanks their donations.

Dr. A. W. Smith, Jacksonville Fla.....	\$1.00
Dr. M. O. Dumas, Washington	10 00
" P. F. Jones.....	1 00
" J. R. Levy.....	1 00
" W. E. Reid.....	1 00
" M. F. Wheatland.....	10 00
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" Geo. W. Cabaniss.....	4 00
	90 00
Lawyer J. T. Saunders of Charlotte.....	25 00
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	\$116 00

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 HAMPTON, VA., 1911.

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 Berkeley, Va.

Just Six Steps to Fortune

There are just six steps to the ladder of fortune; when you have ascended them you stand on the broad platform of success.

The first is self-confidence, for if you don't believe in yourself you can't expect anyone else to believe in you.

The second is industry, for no matter how much you may believe in your capabilities, if you are not industrious all your talent will go.

The third is perseverance, for industry which goes by fits and starts is motive power which is wasted, while continued application conquers all things.

The fourth is probity for dishonest success is colossal failure.

The fifth is temperance, for if you become drunk, either with wine or prosperity, you are on the road to ruin.

The sixth is independence, and when you stand on this step you can dictate your own terms to the world.

"The medical profession is overcrowded. It is not overcrowded by the survival of the fittest, but by the survival of the unfit." This statement was made February 27th by Dr. Alexander Hugh Ferguson, president of the Chicago Medical Society, in an address of welcome to members of the Association of American Medical Colleges, which began a three days' meeting there. "With a population of about 90,000,000 in North America, we have at least 120,000 who are legally licensed to practice medicine," continued Dr. Ferguson. "This is about one to every 800 inhabitants. In England the proportion is 1 to 1,250; in France, 1 to 2,175; and in other countries the proportion is still more favorable to the medical profession. To sum it up, we don't need more doctors, but we do need a better brand. It is my deliberate opinion that this evil, which is due to a large number of irresponsible medical colleges, would be remedied by free medical education. The latter must be standardized, systematized, and glorified."

THE NATIONAL MEDICAL ASSOCIATION

COMMISSION FOR THE STUDY OF UNCINARIASIS

(THE HOOKWORM DISEASE)

April 15, 1911.

DEAR DOCTOR:

Last year the Executive Board of the National Medical Association appointed a committee to study the Hookworm disease in general, and especially its relation to the Negro race. An effort was made to do this, and some little progress was made, report of which was read at the meeting of the N. M. A., in the city of Washington, last August. (A copy of this report may be had upon request made to the Journal of the National Medical Association.)

The Association saw fit to continue this investigation under the direction of the undersigned committee, which will make its report at the Hampton meeting.

To help us in our work, and give our report authentic and scientific value, you are earnestly requested to answer the following questions and to furnish any further information in your possession pertaining to the subject. Thanking you in advance for an early reply, and hoping you will make it convenient to meet us in Hampton at the next meeting of the Association, August 22, 23, and 24, 1911,

Faithfully yours,

THE HOOKWORM
COMMISSION:

{ JOHN A. KENNEY, M. D., *Chairman*,
Tuskegee Institute, Ala.
J. H. HOLMAN, M. D.,
7 N. Hill St., Nashville, Tenn.
S. B. JONES, M. D.,
A. & M. College, Greensboro, N. C.

1. Your name and address?
.....
.....
2. Population of your (a) State. (b) County. (c) Town or City.
.....
.....
3. Is the Hookworm disease present?
.....
4. If possible, state the number of cases, (a) Among the whites. (b) Among the Negroes?
.....
.....
5. What is the number of deaths from the disease?
.....
.....
6. Have you had any cases in your practice? If so, give number, treatment and results.
.....
.....
7. (a) Do they live on sandy soil? (b) What is their occupation? (c) What age or sex most affected? (d) What are their sanitary surroundings? (e) What kind of sanitary closets used? (f) How are they kept?
.....
.....
8. On what clinical symptoms do you base your diagnosis?
.....
.....
9. Have you used the microscope in your diagnosis?
.....
.....
10. What, in your opinion, is the cause of the disease?
.....
.....
11. What difficulties do you find in effecting a cure?
.....
.....
12. How may we best reach the poorer, uneducated classes and impress upon them the necessity of proper sanitary, hygienic conditions as a preventative of Hookworm disease, Typhoid Fever, Tuberculosis, Malaria, Dysentery, and other communicable diseases?
.....
.....
13. Anything else of interest in connection with this disease?
.....
.....

NOTE: Please consult, where possible, your health officers and get what statistics there may be in their possession.

PELLAGRA COMMISSION
of the
National Medical Association

Nashville, Tenn., May 1, 1911.

DEAR DOCTOR:—

This Commission at the last meeting of the National Medical Association was authorized to continue its investigation as to the prevalence of Pellagra, especially among Negroes, and to report at the next meeting.

There are a good many sections where this disease is prevalent from which we have received no report. We were very much encouraged last year at the ready response given our appeals by many physicians, and were considerably helped in the prosecution of our work by report of cases.

We will appreciate and thank you if you report to us any case that has come under your supervision, or any cases that have been reported in your city or county, and if possible give us the history of the case, with symptoms, treatment and results.

In our work of investigation and search for facts, co-operation is necessary. No longer is there doubt that this loathsome disease is in our midst, and it is our duty therefore to contribute in every way, what may be in our power, toward the recognition of its existence, toward the investigation as to its cause and toward the means of its prophylaxis and its eradication.

Thanking you in advance for your co-operation, we are,

Very sincerely yours,

THE PELLAGRA
COMMISSION:

{ A. M. TOWNSEND, *Chairman*,
537 Main St., Nashville, Tenn.
C. M. WADE, M. D.,
400 Cottage St., Hot Springs, Ark.
J. E. HUNTER, M. D.,
118 N. Broadway, Lexington, Ky.

In reporting your cases please answer the following:

1. Your name and address.....
.....
2. Give population of your town or city.....
3. How many are Negroes?.....
4. Is there now a case of Pellagra in your city or county?.....
5. If so, state whether White or Negro.....
6. How many cases have been in your city or county?.....
 (a) Among Whites?..... (b) Among Negroes?.....
7. Has more than one case appeared in any one family?.....
8. How many deaths from Pellagra in your city or county?.....
 (a) Among Whites?..... (b) Among Negroes?.....
9. Give age, sex, occupation, principal articles of diet, circumstances of
 life.....
.....
10. Is the corn used as food by the inhabitants, raised or shipped there?....
.....
11. Have you any cases of Pellagra in your practice?.....
12. If so give number, age, sex, race treatment and results.....
.....
.....
13. Give Clinical symptoms on which diagnosis was based.
.....
.....
.....
14. Have you had any post-mortem? If so give findings.....
.....
.....
15. What in your opinion is the cause of Pellagra?
.....
.....
16. Retrospectively, do you recall any patients in your practice that pre-
 sented symptoms similar to Pellagra?
.....
.....
17. State anything further of interest in connection with the disease.
.....
.....

NOTE—Please consult, where possible, your health officers, and get what statistics they may have about Pellagra in your city, county or state.

Society News

Notice

Will the members of the N. M. A., and subscribers to the Journal please note that the office of the Editor, Dr. C. V. Roman, has been changed to 1303 Church St., Nashville, Tenn.? Please address your correspondence to that office instead of to the old.

Preliminary Program of The American Proctologic Society

Thirteenth Annual Meeting, Los Angeles, Cal., June 26 and 27, 1911. Headquarters and Place of Meeting Hotel Alexandria, corner 5th and Spring. The Profession is cordially invited to attend all meetings.

Officers: President, George J. Cook, M. D., Indianapolis, Ind., Vice-president, Jerome M. Lynch, M. D., New York City, N. Y. Sec.-Treas. Lewis H. Adler, Jr., M. D., Philadelphia, Pa.

Program, Commencing Monday, June 26, 1911. Executive Council meets at 11 a. m. First regular session at 2 p. m. Annual Address of the President—Subject: Proctologic Recommendations, George J. Cook, Indianapolis, Indiana.

Some of papers to be read are: 1. A Review of Proctologic Literature for 1910, Samuel T. Earle, Baltimore, Md. 2. How Can Diverticulae of the Sigmoid Produce Ab-

scuss in the Retro-peritoneal Space? A. Teirlinck, Gand, Belgium. 3. Some Observations Upon Surgical Anatomy and Mechanism of the Colon, Granville S. Hanes, Louisville, Ky. 4. Treatment of Rectal Diseases by Ambulant Methods, Wm. L. Dickinson, Saginaw, Mich. 5. Have We an Ideal Operation for Internal Hemorrhoids? A. B. Cooke, Nashville, Tenn. 6. The Clamp and Cautery Operation for Hemorrhoids? Chas. S. Gilman, Boston, Mass. 7. Symposium on Constipation, 8. Universal Abuse of Purgatives in the Treatment of Constipation, Leon Straus, St. Louis, Mo. 9. Cancer of the Rectum, J. R. Pennington, Chicago, Ill. 10. Pigmentation of the Rectum and Sigmoid, with Report of a Case, Jerome M. Lynch, New York City, N. Y. 11. Reflex Disturbances Referable to the Rectum, T. Chittenden Hill, Boston, Mass. 12. Radiograph in Entero-Proctology, F. C. Yoemans, New York City, N. Y. 13. Some Practical Considerations of the Etiology of Diarrhoea and its Treatment, Alois B. Graham, Indianapolis, Ind. 14. Syphilitic Affections of the Rectum and Anus, Lewis H. Adler, Jr., Philadelphia, Pa.

The State Association of Colored Physicians, Dentists and Pharmacists of Arkansas will hold its eighteenth annual session in the city of Little Rock, May 17th-19th inclusive.

The Journal acknowledges receipt of the announcement of the meeting of the Palmetto Medical Association in the city of Greenwood, S. C., April 26, 1911.

The Kentucky State Medical Association meets May 10 and 11, at Mount Sterling, Ky. The usual attendance is from 40 to 50, and it is especially hoped that there will be no exception to the rule this year.

At the April meeting of the Medico-Chirurgical Society of New York Dr. Geza Greenberg read a paper on "Urethral Fever." Dr. Greenberg's long experience as a specialist in Genito-Urinary work has established him as an authority on this branch of medicine.

Dr. C. P. McClendon has established a small Sanitarium in New Rochelle.

An Automobile Club has recently been organized among the physicians of the Northern section of the state; the members are as follows: Drs. W. G. Alexander, J. C. Anderson, H. J. Burnett, G. E. Cannon, P. F. Ghee, I. A. Lawrence, J. F. Lawson, W. J. Parks, W. W. Wolfe. A tour to Atlantic City and Asbury Park is planned for the early summer.

Dr. Jas. A. Wormly who has been out of practice for several months due to illness has returned to his work in Newark.

The following interesting Items received after the closure of our regular forms, but are of such interest that we think it well to append them here.

—Managing Editor.

Chicago Notes

Chicago has two County Physicians: Drs. A. L. Smith and Alexander Lane, Ex-Member of the State Legislature.

Dr. W. H. Driver has gone South with his family with the hope of regaining his health.

On the 28th, ult., Dr. A. Wilberforce Williams addressed the Woman's Aid for the Aged and Infirm Colored People, on the "Conservation of the Youths of the Race."

Dr. J. W. McDowell has recently been appointed in the Dispensary of Providence Hospital in the Surgical Department.

Dr. H. C. Bryant is proving himself to be a good and efficient Internist at Provident Hospital.

Dr. D. H. Williams has just returned from Nashville, Tenn., where he held Surgical Clinics before the school in which many rare and interesting operations were performed by him.

Mr. A. T. Anderson, Clerk of Provident Hospital, and Mr. John White, of the firm of Rankins and White, Druggists, visited New Orleans during the Mardi Gras and took in many other points of interest in the Southland.

Dr. A. Wilberforce Williams will address the Appomattox Club at the Appomattox Day Banquet, Monday, April 10th, on "Appomattox and the Future of the Negro."

There are in Chicago four women physicians.

Dr. H. C. Buster has left Chicago and is now engaged in the practice of his profession in Decatur, Ill., where he has taken charge of the office and practice of Dr. H. C. Ganaway. Dr. H. C. Ganaway and wife were killed last October in a wreck of an Electric Car while en route to the State Fair.

Dr. G. A. Lewis who left Chicago about a year ago to engage in practice in Joliet, Ill., has returned to Chicago and opened an office at 39th and State Streets.

Chicago now has 13 Dentists and 4 Drug Stores. Physicians and Surgeons now number 50.

Provident Hospital Dispensary is being cleaned and renovated from stern to stem.

The Medical Staff of Provident Hospital held its regular Meeting, Monday, April 3rd, at the Hospital and it proved to be one of the most interesting Meetings of the season. Dr. C. G. Grulee gave a talk on "Infant Feeding" exhibiting charts showing the minimum, optimum and maximum in the artificial feeding of infants. Dr. Dyos presented the following Clinical cases: Bi-Lateral Removal of the Cervical Glands, Gun Shot Wound, Entering the Abdominal cavity from behind rang-

ing upward, and Skin Grafting of the Arm and Shoulder of a Case of Burns of 12 years standing.

The paper of Dr. Grulee and that of Clinical Cases of Dr. Dyos were provocative of a most heated and lively discussion of Drs. A. L. Smith G. C. Hall, A. W. Williams and H. C. Bryant. A very appetizing luncheon was served.

Dr. A. Wilberforce Williams was invited to read a paper and present some clinical cases for the next meeting in May.

The Removal Announcement Cards of Dr. U. G. Daily are out announcing his removal to the S. E. Corner State Street and 36th. Place over Binga's Bank.

Dr. Garnes has opened his dental office in the same suite with Dr. Daily.

We are pleased to note that Dr. Cladius Bell, Druggist of Provident Hospital has about recovered from the infection of his right hand and arm. Dr. Bell was incapacitated for about two months.

The February meeting of the North Jersey Medical Association was held at the residence of Dr. J. L. Baxter, Newark; the paper "Dystocia" was read by Dr. G. E. Cannon of Jersey City.

The March meeting was held at the residence of Dr. H. J. Burnett of Montclair; the session was devoted to the discussion of ways and means for the establishment of a hospital under the direction of the Associa-

tion; the sentiment for the institution was unanimous; and as an indication of their sincerity the members present subscribed \$500.00 to a fund to be established for this purpose, this money to be paid into the treasury within six months. The indications are that within another year the hospital will be in active operation.

The April meeting was held at the residence of Dr. G. E. Cannon of Jersey City; the paper, "Diagnostics," was presented by Dr. Gordon C. Dickerson, chief surgeon of Christ Hospital, Jersey City.

A public meeting under the auspices of the Society was held in Montclair on Sunday, February 19th; the following papers were read: "The Prevention of Disease," Dr. Jas. F. Lawson; "The Care of Children," Dr. W. J. Parks; "The Relation of the Teeth to the General Health," Dr. T. W. Robinson.

This meeting was largely attended by an enthusiastic audience.

Notes from West Virginia

The W. Va., State Medical Society will hold its fifth annual session June 1st, at Bluefield, W. Va. This meeting promises to be the best in the history of the society. The officers are working hard to add a large number of members to the society's roll and to enlist more interest in the National Medical Association.

Dr. Rosco Harrison of Kimball will hold a surgical clinic at Kimball for the State Association while in session at Bluefield.

Dr. Holley of Bramwell will read a paper on Scarlet Fever at the June meeting.

Dr. Smith of Huntington, and Dr. R. A. McDanials of Morgantown, W. Va., are recent additions to the medical profession in West Virginia.

The Alabama Medical Dental, and Pharmaceutical Association will hold its annual meeting in Mobile May 10, 11, and 12, 1911.

Obituary

Dr. Thomas R. Mask of Wilmington, N. C., died at his home 409 N. 7th St., February 19, 1911, following a third attack of paralysis of which he had been a sufferer for some weeks. He was in his 49th year, and had practiced his profession in that city for 21 years. He held the confidence and esteem of both white and colored citizens. He was not only a successful physician, but also a business man of much ability. He was one of the oldest graduates in medicine from Shaw University, and a member of the National Medical Association.

Dr. J. D. Ballard for seventeen years a practicing dentist of Orange, N. J., died April 7th; after an illness lasting nearly two years; he underwent an operation on April 1st in the hope of obtaining relief, but the nature of his illness and his protracted siege were more than the operation could overcome.

Dr. Ballard was a charter member of the North Jersey Medical Association and its first secretary; a member of the National Medical Association and the first Negro admitted to membership of the New Jersey State Medical Society.

Items of Interest: Newsy and Otherwise

Notice!

Advertisers are requested to send in all advertising matter to the office of the Business Manager, before the 15th of the month preceding publication of the Journal.

Announcement is hereby given of the twenty-sixth anniversary exercises of the Leonard Medical School, Shaw University, N. C., May 7, 1911.

Subscribers will please note that subscriptions to the Journal are payable in advance. In compliance with that policy, bills were mailed with the last issue to the members of the Association who were financial through the year 1910. Some of these have seemed not to understand why the advanced bill was sent. Owing to the fact that the expense of publishing the Journal is great compared with the income, and that some of our subscribers are in arrears, we have found it necessary to call on members who are financial through 1910 to pay in advance for the Journal, in order that we may be able to meet our bills as they become due. We very much hope that our members as well as subscribers will readily see this necessity, and will promptly respond with their remittance.

Our subscribers are urged in changing addresses to promptly advise the Managing Editor, giving in each instance both old and new addresses.

Notice!

The American Medical Association will meet at Los Angeles, Cal., June 26-30, 1911. "Scientific Sections will hold meetings on Tuesday, Wednesday and perhaps on Friday morning."

The commencement exercises of the graduating class of Meharry Medical School began Sunday, April 23, closing Tuesday, April 25. There are 106 graduates this year, 55 in medicine, 26 in dentistry; 20 in pharmacy and 5 in nurse-training.

Medical Maxims

(Heard in Dr. Roman's lecture room, and
Reported by a student.)

Anisocoria is always pathological.

In examining the throat always examine the teeth.

In chronic or recurring congestion of the eyes examine the refraction.

Never use atropine in the eye without some definite therapeutic aim. It always does good or harm and should not be included in every form of "eye-drops."

"The use of cocain in phlyctenular Keratitis or Kerato-Conjunctivitis, although very generally advised, is to be deprecated, as its action on the corneal epithelium is such as to render the tissue more susceptible to infection."

Distilled water is often injurious to the epithelial layer of the cornea. Hence, water boiled and filtered is preferable for "eye-drops."

Never consider the examination of a child under five years complete unless the ears are examined.

It is safer to regard all cases of conjunctivitis as contagious.

There are three vascular areas of the eyes—the lid margins, the conjunctival fornices and the circum-corneal region. To differentiate the congestion of which is the A. B. C. of ophthalmological diagnosis.

Obstinacy more than ignorance hinders the progress of the world. Medicine is no exception. It was many years before prominent medical men would even examine the evidence which Harvey offered in support of his contention about the blood's circulation.

In all cases of acute circum-corneal congestion examine cornea for foreign body.

Of the syphilitic it may be said in the words of Shakespeare:

"All his blood is touched corruptibly"

Voluntary participation in an involuntary act inhibits accomplishment thereof.

We orientate ourselves by indirect vision.

Some become medicasters instead of medical men.

The size of the retinal image is not always the determining factor in judging the size of the objects.

There lives in Montgomery, Ala., a young colored man whose heart has been sutured. He is a patient of Dr. S. S. H. Washington, who assisted a local white surgeon in the operation some years ago.

A good definition:

"He who backbites an absent friend, who does not defend him when attacked, who seeks eagerly to raise the senseless laugh, and acquire the fame of wit, who can invent an imaginary romance, who cannot keep a friend's secret; that man is a scoundrel! Mark him, Roman, and avoid him."—Horace.

The Leonard Medical School

President Meserve, and Professor Frazer, the Dean of Shaw University, are carrying forward an active campaign in raising funds to meet a conditional gift from the General Education Board in New York. A large addition has been made to the Leonard Medical Building and three spacious and well lighted laboratories are nearly completed. They are already partly in use. A spacious general lecture and experiment room for the department in Chemistry is being fitted up in addition to a working laboratory in Chemistry for class use.

The Leonard Hospital has assumed proportions that are very attractive and pleasing architecturally. The building is of brick and stone, very substantially constructed, and when completed will be provided with all modern conveniences. The operating room will be large, spacious, unusually well lighted and provided

with every facility that modern surgery demands. While the building is practically completed on the outside, work on the interior has been temporarily suspended for lack of funds, but it is hoped that the Alumni and their friends in various other parts of the country will so promptly respond to the recent appeal for funds that the interior can be finished at no late day. At least \$50,000 will be spent before all of the contemplated improvements are completed.

Pulaski, Tenn.

April 6, 1911.

Dear Sir:—

On February 6, 1911, at 2 o'clock a. m. I was called to the home of Mrs. H., threatened with miscarriage. Two hours later there was born into the home triplets 7 months, nicely developed.

Yours,

J. C. GANTT.

Meharry's Annual Clinic

Patients From Other States Treated Last Week

More than thirty patients, coming from a half dozen southern states, were operated on during last week at the Hubbard Hospital, where the annual student surgical clinic for the Meharry Medical College has been in progress since last Monday, with Dr. Daniel Williams of the St. Luke Hospital, Chicago, as chief clinical instructor.

Dr. Williams conducts this clinic each year for the benefit of the Meharry students here, and Meharry graduates from all parts of the South are among those who furnish patients to be operated upon.

Dr. G. W. Hubbard, Dean of the Meharry College, stated that the clinic this

year was by far the largest in the history of the institution.

One reason that is given by Dr. Hubbard for this increase in attendance by visiting physicians, and the fact that they were able to bring a greater variety of patients to receive surgical treatment at the hands of Dr. Williams this year, is on account of the greatly increased facilities offered by the new George W. Hubbard Hospital, which is now completed and is one of the most modern and convenient hospitals, receiving exclusively Negro patients, in the world.

The annual clinic for this college, up to this year, for many years has been conducted at the Mercy Hospital, which was recently burned, and of which Dr. R. F. Boyd was surgeon-in-chief. The facilities however, had been for some time inadequate for the purposes of clinical instruction on account of the increased needs of the Meharry Colleges, and as a result the new Hubbard Hospital was built, at a cost of something more than \$50,000.

Local surgeons who assisted Dr. Williams are: Drs. F. A. Stewart, R. F. Boyd, C. V. Roman, J. A. McMillan, J. H. Hale, J. T. Wilson, and J. Q. Taylor. —Nashville Tennessean and American.

Mrs. Young Plans to Protect Pupils Eyes

Adopts Rules to Save Optics Which Will Be Pasted in Every School Book

(Reprinted from the Chicago Examiner)

Mrs. Ella Flagg Young, Superintendent of Schools, has adopted a plan for protecting the eyes of the school children.

She will have pasted in the front of every school book a set of rules drawn up by the New York Association of Woman Principals, but not yet adopted by the New York board of education. The rules have been recommended by Dr. W. A. Evans, health commissioner. They follow:

Your eyes are worth more than any book.

Your safety and your success in life depend upon your eyes; therefore, take care of them.

Always hold your head up when you read.

Hold your book fourteen inches from your face.

Be sure the light is clear and good.

Never read with the sun shining directly on the book.

Never face the light in reading.

Avoid books or paper printed indistinctly or in small type.

Rest your eyes by looking away from the book every few moments.

Cleanse your eyes night and morning with pure water.

There is a close relationship between the profession of teaching and the practice of medicine. This was recognized by the Alabama State Teachers' Association when it invited the Editor of the Journal to address their annual meeting this year. The invitation was accepted and the address delivered in Huntsville, Ala., April 13, 1911, at eight p. m. Prof. Phillips gave the speaker a witty and eloquent introduction.

Imagination and Eggs

Slowly but steadily the prejudices of our fathers disappear. Formerly, for example, there was a decided prepossession in favor of fresh eggs; and the notion of eating an egg that was approaching the first anniversary of its birth would have been highly displeasing. Nowadays, broadly speaking, nobody eats fresh eggs. It is well known that for a long time the eggs eaten in England have come mostly from remote Russia. Last year over two billion were imported. Since 1898 Germany's imports of eggs have

risen from the value of about twenty million dollars a year to nearly forty millions. Our own eggs come in good part from cold storage or from salt-and-lime boxes in farmers' cellars. A cold-storage expert calls attention to the familiar psychological fact that many men think their appetites crave tobacco, even insisting upon tobacco of a certain alleged flavor; yet with closed eyes they cannot tell whether their cigars are lighted or not. What they actually crave is merely a sight of the smoke. And not one person in a thousand, he asserts, can tell whether a given egg is fresh or has lain six months in cold storage; even professional tasters are sometimes fooled. The demand for fresh eggs, in short, is merely an unreasonable prejudice based upon purely imaginary grounds. In Germany they eat horse with considerable relish; and it is said that stewed spring dog is really a delicate dish. Beware of mere prejudice. Consider, for instance, the dietary prepossessions of an epicurean Chinaman!

—Saturday Evening Post.

For the positions of Internes at the Tuskegee Institute Hospital among the many applicants Messrs. Isaiah A. Jackson and Samuel W. Chavis of the present senior class of the Leonard Medical School, Shaw University, Raleigh, North Carolina, have been selected to enter on their duties respectively July 1st and September 17th.

Marriage

Dr. Frank Barralle Adair of England, Ark., to Miss Dora L. Williams of Little Rock, March 16, 1911.

Therapeutic Notes

How to Apply a Hot Compress

Every doctor thinks he knows, but the classic description of Dr. Curran Pope, as taken from Hinsdale's *Hydrotherapy*, published by W. B. Saunders Company of Philadelphia, will teach most doctors many things they really did not imagine connected with the application of a hot compress.

I will now simplify my apparatus by limiting it to a basin, two towels, and a teakettle filled with boiling water. The majority of hot applications fail for two reasons. In the first place the application is *too wet* and in the second place the hot application is *too cold*. Hot applications should range anywhere from 125 degrees and 165 degrees. You cannot handle them with your hands; in fact, they are too hot for you to pick up and hold at all. If you put these applications on the patient's skin too wet, they will blister. If you put them on only warm, you will lose two-thirds of the benefit of the treatment.

Suppose that we are going to make a hot, moist application or fomentation to the pelvis, where we want all the heat we can get. It is best to use a Turkish towel and a small piece of an old flannel petticoat. Take this and place it right in the centre of your towel. Now you have everything ready, and the mistress of the house brings in the teakettle full of boiling water. If you were to place it on the patient without previous preparation, you would burn her. Place around the hips, pelvis, and lower abdomen a folded blanket, so applied that the ends overlap in front. Now rub the surface to be covered by the fomen-

tation with vaseline. This prevents maceration or softening of the superficial layers of the epithelium. Having poured the boiling water over the flannel that lies in the towel, so hot that you have to keep back, two persons commence twisting the opposite ends of the towel and keep twisting until all or nearly all the water has been removed. We have in this towel, we will say, a piece of flannel at a temperature of 165 degrees F., and what does the nurse now do? She picks up the towel containing the flannel, goes to the bedside, rapidly unrolls the towel and places the hot flannel in place on the bare skin. If the patient howls, lift it up for a second, then put it back again. Just as soon as the patient can *tolerate* the high temperature, the fomentation is covered by the blanket which is pulled as tight as possible to prevent the entrance of air. There is very little risk of burning if plenty of vaseline has been used.

Usually in less than sixty seconds you will get a relief that can be gotten from no other application that I know of. These two procedures any doctor can use. It does not make any difference where he is or how he is situated. A little ground mustard added to the water intensifies the action of the fomentation.

Dry and moist compresses require frequent change to be effective, and if applied directly to the skin should be tested by the physician or nurse before applying to the patient.

For pain, renewal may be made every minute or two; in less severe cases every three minutes, having a fresh fomentation ready to apply before removing the one in place.—Philadelphia Medical World.

Dr. Th. Schaefer (see the *Deutsch-Amer. Apotheker Zeit.*, Sept., 1910) has recently published a report of careful experiments on dogs from,

which it appears that corrosive sublimate is not formed during the disintegration of calomel, that this is harmless in the presence of gastric juice, chlorides or vegetable acids, and may, therefore, be administered without fear of any harm following.

The Journal of Inebriety (1910, p. 27) mentions glycerin tipping as one of the new additions never mentioned before. Dr. Schmey of Berlin reports such a case, where a young man drank from twenty to thirty ounces of glycerin every day. This had been going on for many months and began with the idea that it was of particular value as a nerve tonic.

The victim claimed to experience great exhilaration after its ingestion, comparing it with alcohol, only more pleasing in its effects. A few hours afterward the exhilaration turned to depression, and he had to lie down and sleep. He had become very irritable, was pale and jaundiced, his appetite declined, and he was erratic in his work and ideas. His thirst for glycerin was very intense, and he refused to abstain, seeking every means possible to procure the stuff. The liver was found to be enlarged, and the heart somewhat feeble, but beyond general anemia, there was little to mark him as an addict. He took no medicines and seemed to be functionally in a fair degree of health.

This evidently is one of those anomalous cases where the victim is likely to turn from one addiction to another from the slightest exciting cause. It should be remembered that, chemically, glycerin is an "alcohol."

Sulphon-Methane for Hiccough---Phenacetin and Heroin at Low Cost

Editor Medical World:—Dr. Sour (February World, page 70) asks for

treatment of persistent hiccough. I had such a case in a man of 74 years who died January 31st of chronic Bright's Disease. About a month before his death he began to have persistent hiccoughs, which did not respond to any treatment until I began giving him sulphon-methane (U. S. P.), which is the same as sulphonal, but much cheaper. It relieved him completely, but it had to be repeated occasionally as long as he lived. Sulphon-methane is also an excellent drug to produce sleep. It is identical in composition with sulphonal and sells for only 28 cents an ounce, while sulphonal sells for \$1.35 an ounce.

As the patents on such preparations expire, doctors can get them at reasonable prices, e. g., acetphenetidin, which is the same as phenacetin, costs only 14 cents an ounce, and diacetyl-morphin, which is the same as heroin, costs much less. To return to the question of persistent hiccough, I would ask Dr. Sour in his next case to use sulphon-methane freely, combined with thorough elimination from the bowels. Dunlap, Ill. E. W. Zook, M. D.

[A great many dispensing physicians thru ignorance of the fact that many of these drugs formerly patented are now selling under a non-patented name at much less figures, continue using the high-priced articles, to the great detriment of their finances. If one merely takes care to buy his supplies from a prominent wholesale house, he will run no risk of being duped in quality. The reason we specify "a prominent wholesale house" is that the magnitude of business of such houses compels them to keep a very strict lookout to see that they continually comply with the state and federal pure food and drugs laws; this insures purity. Urotropin, under the name of hexamethylenamine, is another example. We frequently recommend this drug, and always use the name hexamethylenamine in full purposely, so that the inquirer will order and obtain the drug under that name at the lowest price.—Ed.]—Medical World.

Books, Lay Press, Etc.

We acknowledge receipt of the history of the Association of Physicians, Dentists, and Pharmacists in Georgia, by Dr. H. R. Butler of Atlanta. This history was prepared for and read before the meeting of the State Association at its Savannah meeting May 18, 1910, by the author. It shows that the first call for the State meeting was issued by him on July 6, 1893, and it was agreed that the first meeting should be held in the city of Augusta, December 19, 1893. There were 19 who signified that they were in favor of such a movement. On appointment day there were only 6 present, but these proceeded to organize, and the association has continued with varying successes, having slept from 1896 until 1905, when it started again, and then in the language of the author "dosed for another two years." Having taken on new life in 1908, it is now a thriving up-to-date organization. The Editor of the Journal was a guest of honor at its 1909 and 1910 meetings, and spoke in the highest terms of praise concerning its work.

We acknowledge receipt of the First Annual Report of the Lincoln Hospital, Indianapolis, Ind., during the year which closed December 31, 1910. Eighty-eight cases were treated at the hospital, which included a large variety of conditions; 59 of which were medical, and 29 surgical. There were two deaths

following surgical operations, and six deaths from medical wards. "No cases of infection or other complication directly traceable to the operation in any case." The hospital has in connection with it a training school for nurses, giving a two years course. The training school can accommodate six pupil nurses. Matilda Russell, a graduate of Tuskegee Training School, was Superintendent for seven months following the opening. Since August 1, 1910, Miss Amanda Rogers, Freedmen's Hospital, Washington, D. C., has been superintendent.

Johnson's Skull Strongest Known in the World

Marvellous covering of muscle as well as thickest skull known.—X-Ray shows colored world's champion pugilist to be a physical wonder, says the scientists.

Jeffries never would have fought him had he known this.—Greatest pugilist in World's History.

San Francisco, March 22—It takes a Rotengen or "X" ray from five to fifteen seconds to penetrate the average human being and make a picture on the plate. The shortest time in which the big electrical rays could be sent through the muscular and cartilaginous covering of Jack Johnson in order to make a picture of his frame was five and one-half minutes.

If Jefferies had known what medical and surgical savants know today, would he have fought Jack Johnson in Reno last Fourth of July? The leaders of the medical and surgical profession who gathered at the

German hospital in this city yesterday morning to see Jack put through the electrical photographic test, found that his brain cavity has from one-half to three-fourths of an inch protection of skull and that the occipital adhesion is equal to that of a harveyized nickel turret.

The same blow which would kill an ox or steer at a stockyard would barely jar Jack Johnson. He has been built to withstand all but the impact of a steel projectile.

The brain cavity of the world's champion is larger than that of the average man, and it is set in a dome which is almost impregnable. The muscular protection of the big black fighting machine is so great that it took the utmost skill of Joseph Klover, the celebrated electrician and roentgen ray operator, to get a picture of the interior workings of the subject in a little over two minutes.

Many celebrated medical and surgical savants gathered to study the interior workings of the world's champion pugilist and the most invulnerable man ever created.

The picture taken will be the subject of medical and surgical comment throughout the world, as it is admitted that no human being has ever been found to have the same protection of muscle and bone as has the big, jolly tar baby, who is recognized as the champion of all fighters.

Diagnosis and Treatment of Diseases of Women

By Harry Sturgeon Crossen, M. D.

(Second edition, revised and enlarged, with seven hundred and forty-four engravings, St. Louis, C. V. Mosby Co.)

The book contains 991 pages exclusive of index; 917 illustrations; 17 chapters and an appendix, with five pages of useful formulae. It is profusely illustrated,—a great many of its cuts being new and original while many are reproductions. One of the practical uses of the book is, the author seems to assume that the reader is a begin-

ner, and he proceeds to deal with the subject from that viewpoint; thus elucidating many important points to one approaching the subject primarily. This is clearly set forth in chapter 1, on gynecological examination methods. Nearly every step of the procedure is not only detailed, but illustrated; there being 117 cuts in the 109 pages devoted to the subject; sixteen pages are given to the oft neglected subject of pessaries:—kinds, construction, action, selection, introduction, after treatment, etc. Here again, the illustrations are original, and especially clear and helpful practically.

In pages 625-629 the author deals with non-malignant tumors of uterus. He goes carefully into the examination and differential diagnosis, with the indications of the different methods of treatment.

In the present age of the surgical craze for gore, too, seldom we find exhibited the patient's side of the question. In his monograph from page 643-656 the author clearly portrays the subject from a humanitarian and conscientious standpoint, and forcefully exhibits the timely precept that no surgeon should subject the patient to a serious operation for his own (the surgeon's) benefit.—Note the timely advice:

"But before advising operation in any case we must assure ourselves that the chance of death assumed is fully justified by the danger of delay in that particular case. Then, if death comes in spite of every precaution, we know at least that it was not an unwarranted sacrifice. It is easy enough to advise operation, but it is not so easy to restore life to the deceased—who, but for the operation, might have lived in comparative comfort to old age."

The book is singularly free from errors in orthography, typography, etc., but at the bottom of page 14, the word "mensuration" is evidently intended where the word "menstruation" is used.

In our opinion the book has a valuable place in the abundant literature of the subject treated.

Commonwealth of Pennsylvania

THE DEPARTMENT OF HEALTH

SAMUEL G. DIXON, M. D., LL. D.,
COMMISSIONER

MICRO-ORGANISM FOUND IN THE BLOOD OF ACUTE CASES OF POLIOMYELITIS

In examining the blood from acute cases of Poliomyelitis in the human beings and also in monkeys in which the disease was produced experimentally an organism was found, different in morphologic characteristics from any heretofore described which may or may not, on further investigation, prove to be the etiological factor in the causation of the disease. Blood smears being fixed in methyl alcohol for one minute and stained with carbol-thionin, the organism appears as a faintly stained blue rod with regular cell wall about 10 microns long and about .8 microns in width, curved at an angle of sixty to seventy-five degrees at one end, occasionally at both ends. At times, the curved end is bulbous. Some of the organisms appear to have a very finely granular protoplasm when the highest amplification is employed. They may be discerned by means of a 4 m.m. dry objective but their characteristics are much more satisfactory delineated under the 1-12 oil immersion lens. They are found free in the serum as well as within the body of the red blood cell.

The organisms do not retain the violet color when stained by the method of Gram but assume the color of the counter stain which, as generally used in this laboratory, is a very dilute solution of carbol fuchsin.

The bloods examined were from ten different cases of acute Poliomyelitis in children and were taken during the epidemic of last summer and autumn, and from thirteen cases of the disease during the acute stage,

which had been produced experimentally in as many monkeys.

Blood smears from three normal human beings were carefully examined and although the search for these organisms was diligently made, none were found. Smears were made from the bloods of thirteen normal monkeys with negative results. After inoculation with the virus these same monkeys gave positive results. The blood of other normal monkeys gave negative results.

Blood smears were stained with iodine and sulphuric acid in order to test the organisms for cellulose, but no blue stained organisms were seen.

Smears from the cords and brains of paralyzed monkeys, and from one human case were examined, but none of the new organisms were found.

Filtered virus stained with carbol-thionin and by Gram's method showed none of these organisms.

Defibrinated blood, three weeks to two months old from two paralyzed monkeys showed the forms in increased numbers.

Cultures made from the blood of a paralyzed monkey, in blood bouillon, plain bouillon, and blood agar, examined after having been inoculated three weeks, showed the presence of the organism in increased numbers. Dorsett's egg medium was inoculated with the same blood at the same time but the organism was not found in smears from the surface of the medium or from the water of condensation.

We have searched without success for moving organisms in fresh blood, in old tubes of defibrinated blood from paralyzed monkeys, in blood bouillon, plain bouillon serum bouillon cultures three weeks old and in the condensation water in three weeks old cultures on Dorsett's egg medium under dark field illumination.

Success in isolating the organisms has not attended our efforts as yet.

Samuel G. Dixon, M. D.,
Herbert Fox, M. D.,
James B. Rucker, M. D.

Re-Displacement in Adjusted Colle's Deformity

PROPORTION:—CAUSE: REMEDY:
COLLE'S DEFORMITY: CURE

BY CHARLES I. WEST, M. D.

(Reprint from American Medicine,
August, 1910)

A practical scientific monograph, illustrating the laws of mechanics involved, with the anatomical relations, surgical principles, etc., in the treatment of Colle's fracture.

The author insists that "the many extreme deformities which are often found, are not at all justifiable in the practise of good modern surgery," and that "if every case of Colle's Fracture were properly adjusted and the correct ratio between CAUSE and REMEDY established, and in most cases it can be established, there would be better results." He argues that "It is never safe to put up a Colles' Fracture in plaster cast before the provisional callus forms," and that prior to this, "After adjusting Colles' Deformity a temporary pistol-shaped splint should be used which will permit frequent inspections of the site of the fracture till the provisional callus forms; when by actual inspection of the site of fracture we know that the provisional callus has formed and that the apposition is correct, the pistol-shaped plaster cast should be used for several weeks. Good results should follow this treatment with a minimum of deformity. If any special adverse conditions arise they would positively demand opening the cast for another inspection."

The Saline Laxative— Its Usefulness

All authorities agree that magnesium sulphate (epsom salt) is a good and useful evacuant, barring its vile taste which even a liberal addition of lemon juice does not conceal.

Years ago The Abbot Alkaloidal Company, of Chicago essayed to make it palatable and they succeeded. Abbot's Saline Laxative affords all the goodness of pure, full-strength magnesium sulphate without its objectionable features. With water it yields a sparkling, cooling draught which no patient will refuse.

Others have tried to steal the credit that properly belongs to them

but there are at least fifty thousand doctors in this country who are not influenced by mere words to believe that the salts patterned after it are "just as good."

Abott's Saline Laxative is a balanced-just-right preparation. It is regular in action. It acts energetically yet gently. It does the work and never gripes nor distresses.

In full doses it serves perfectly as a quick purge. In summer toxemias, to clear the bowel tract of toxin-breeding bacteria-feeding waste it is just the thing. In small daily doses in constipation, biliousness and liver torpor it is better and cheaper than the mineral waters so blatantly exploited.

The company will send a sample bottle on request. Write for it.

Grippal Cough—Laryngitis— Bronchitis

In these affections, antikamnia is indicated for two reasons: First, because of its absolute power over pain; at once removing this element of distress and placing the whole system in the best possible condition for a speedy recovery. And second, because of its power to control inflammatory processes, lowering the fever by its peculiar action on the nervous system. Codeine is strongly indicated because of its power as a nervous quietant, often quickly and completely controlling the cough. In nervous coughs, irritation of the throat, laryngitis, bronchitis and phthisis, where the cough is altogether out of proportion to the amount of expectoration, Antikamnia and Codeine tablets will give prompt satisfaction. In fact, in cases of nervous coughs irritable throats, so commonly attendant upon influenza and la grippe as well as in sub-acute laryngitis, and slight bronchitis, this tablet alone will often so control the cough that the disease rapidly subsides. This is not strange when we remember that nothing could keep up this irritation more than constant coughing. In the more severe cases of bronchitis and phthisis, the patient is not only made more comfortable, but the disease itself is brought more directly under control by checking the excessive coughing, relieving the pain and bringing the temperature down to the normal standard.

Bismuth Paste in Chronic Suppuration, its Diagnostic Importance and Therapeutic Value

BY EMIL G. BECK, M. D., CHICAGO, ILL.

(St. Louis, C. V. Mosby Company, 1910)

The volume has 225 pages, eighty-one Engravings, nine Diagrammatic Illustrations, and a colored Plate, and is well printed on good paper.

After an extensive experience with the drug, Bismuth subnitrate, made into a liquid paste with sterile vaseline and injected into the organism in certain pathologic conditions, the author sets forth very clearly its therapeutic value, especially in a class of cases that has heretofore baffled the ingenuity of the surgeon. The application has a wide range of usefulness, but the author forcefully sets forth its limitations. The injections should be made only in chronic suppurations—never in acute inflammatory conditions. It is useful in fistulae and sinuses connected with bones and joints; anal fistulae, fecal fistulae, empyema, etc.

The injection has great diagnostic value by outlining the meanderings, bifurcations, etc., of the fistulous tract; and used in connection with the X-Ray is of inestimable value in this respect.

Poisoning is to be prevented by not allowing large quantities of the paste to remain in the body for absorption, and should symptoms of poisoning appear, the cavity should be washed out with warm olive oil; thus removing the paste.

Errors in the text are conspicuous by their absence, but on page 138 the word "grains" inadvertently takes the place meant for "grams."

The work is of sufficient importance to demand the attention of all surgeons.

Hints to Beauty Seekers

Viewed solely as a health-building measure, water bathing has wonderful restorative powers. The skin is plentifully supplied with

nerves and blood vessels (remember, the skin is an organ itself, and not merely a protective covering for the tissues and organs under it), and the bath is thus of great value in stimulating the nervous system and accelerating the circulation of the blood. Water treatment in its thousand forms (many, highly elaborated systems), is depended upon in many great institutions in Europe exclusively in the treatment of certain diseases. The bath, in fact, is like a splendid system of exercise. It accelerates the circulation, the respiration and the elimination of wastes from the body. It invigorates the skin, and for this very reason the entire body. Have you not often noticed after a bath how clear your skin, how bright your eyes, how refreshed your brain were; how much more energetic and rested you felt? The bath is really exhilarating. It is a natural stimulant and tonic.

Two other of Nature's wonderful cleansers and tonics might be mentioned—air and sun. Air is the important thing. No one factor causes more disease and ill-health than the lack of pure air. Pure air overcomes a multitude of hygienic shortcomings in other respects. Country people do not live more hygienically (as regards diet, bathing, exercise and so forth), than city dwellers, but they are healthier, and the abundance of fresh, pure air which they breathe for at least nine months of the year is almost entirely responsible for this fact.—From Physical Culture for May.

—“Scotch Broth”

This is a vegetable stew without meat, thickened with barley. Any available combination of vegetables may be used, but always onions and potatoes with carrots, tomatoes, parsnips, beets, cabbage, peas, string beans, greens or other vegetables that may be at hand. Three or four in all are sufficient. A half cup of barley may be used with a large stew. Enough water should be used to prevent burning the barley, and occasional stirring is necessary. Season with salt as desired, and let it be quite thick. A lump of butter may be added before serving, but is not essential.—From Physical Culture for May.



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Some Personal Experiences with Pathologic Conditions of the Female Pelvis

*By JOHN A. KENNEY, Medical Director, Tuskegee Institute Hospital

He who essays to do pioneer surgical work in the female pelvic cavity, may well prepare to spend restless days and sleepless nights; and, gentlemen, those of you who are blazing the way for the colored medical men in this highly specialized field are indeed pioneers. "Know thyself," said Plato of old. Know your anatomy and your technique should be the slogan of the gynecologist of today. For upon a correct knowledge of the pelvic landmarks, the appearance of normal tissue, the variations incident to pathology, and adherence to a rigid technique, depend the operator's chances of successfully steering his way back to shore, and landing his patient securely when once caught drifting with the tide of pelvic intricacies. And I felicitate you, gentlemen of the Alabama Medical, Dental and Pharmaceutical fraternity, that you number upon your rolls several members who are doing themselves, the Association and the race, credit along these lines.

The Wise Man has said: "There is no new thing under the sun," and I wish to state most emphatically, that in presenting a few cases

from my own experience I shall not even attempt to tell you anything new, but simply by way of a little possible diversion and entertainment relate some of my own trials and difficulties.

Case I — Retro-displacement of uterus with complicating dense adhesions and consequent dysmenorrhoea.

Suppurative appendicitis—Intestinal adhesion. Pyo-salpinx, Fibrocystic Ovary. M. F. female, age 24, single. Family history, negative. Personal history, uneventful until three years ago when patient suffered with dysmenorrhoea. Two years ago patient had severe attack of arthritis of knee joint, which confined her to bed for three months, after which she got on fairly well, with exception of painful menstruation. In the fall of 1910, she suffered with pelvic pains to such an extent that I was called to treat her. Examination revealed much tenderness in the pelvis, with uterus retroflexed and bound down posteriorly by dense adhesions. Much tenderness and thickening of tissues in the right lower quadrant. Local applications with turpentine stupes,

*Read before Alabama Med. Dent. and Phar. Asso., Mobile, Ala., May 11, 1911.

douches, tampons together with anodynes gave temporary relief. Operation was advised but refused. Patient got better, and did fairly well for two or three months. Later, suffering became so intense that she called me again. Very much tenderness over the lower abdomen, some swelling. Local applications had very little effect, and anodynes gave only temporary relief. Temperature ranged from 100° to 102° , and pulse about 110 to 115. Recognizing the absolute necessity of operation, and as she would not consent, I decided to withdraw from the case.

Later I was sent for, and advised that she had consented to the operation. Patient entered the hospital January 8, 1911, in fairly good condition. Temperature 99° , pulse 104, suffering almost constant pain in lower abdomen. Twelve days later she was anesthetized and cervix dilated, and uterus curetted. This gave only slight relief, and ten days later she was prepared for laparotomy. On opening the abdomen a large amount of free fluid was found in the peritoneal cavity. In the right iliac region was found a large mass, composed of appendix, cecum, ileum, right ovary and tube. In trying to extricate appendix from mass there was a rupture, and about two teaspoonfuls of pus set free. The tip of the appendix was held firmly in the mass, and it was found necessary to first amputate the appendix at its attachment to the cecum. This being done, the stump was ligated, and buried; then the seat of the abscess was carefully sponged,

the intestines were cleansed, and pushed up out of the way. The pelvic cavity was now more carefully examined, and the uterus was found doubled upon itself posteriorly with fundus resting upon the rectum.

Left ovary was fibro-cystic, and very much enlarged. On the right side there was pyo-salpinx. The appendix was connected with this. All of pelvic organs were more or less bound together by dense adhesions and with whatever organs came into contact with them. The uterus itself was much inflamed, and on separating it from its adhesions a large amount of raw surface was exposed.

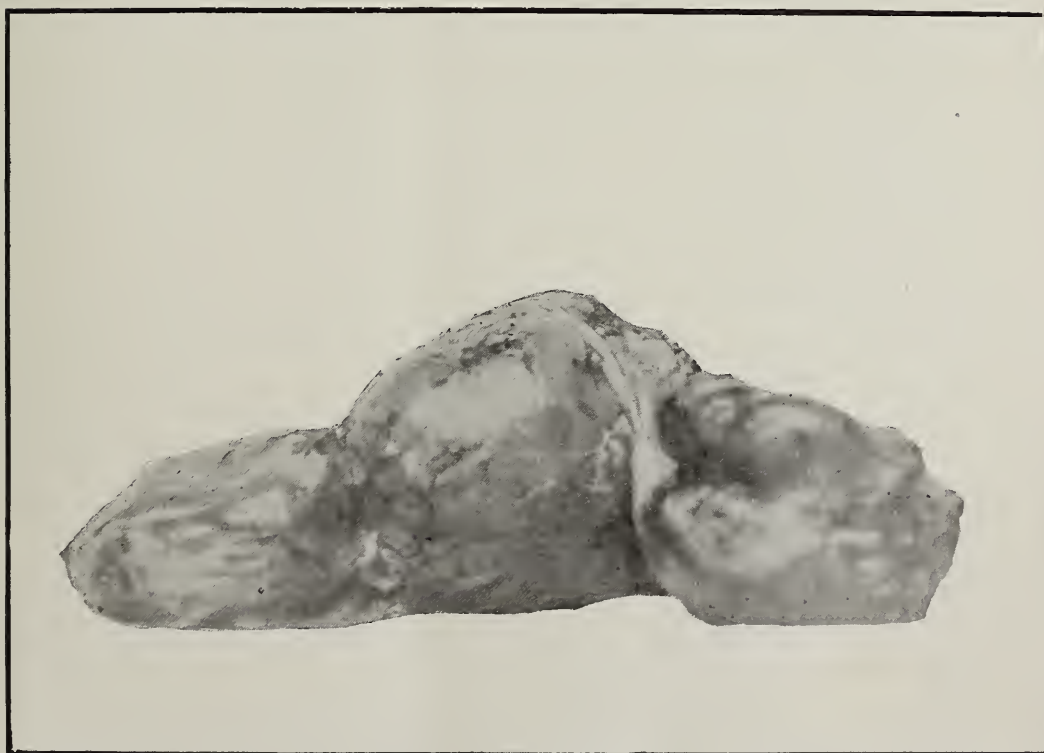
Because of the amount of suffering which the patient had previously experienced, the extreme retro-flexion with dense adhesions, the large amount of raw surface which would necessarily be left, and the extremely diseased condition on both sides, it was deemed advisable in the interest of the patient's well-being to do complete ablation; hence a hysterosalpingo-oophorectomy was done.

After a careful toilet of the pelvic cavity it was mopped out with hot salt solution. Attention was then given to the intestines. Several kinks were found in the ileum, tightly held by adhesions, these were broken up, raw surfaces repaired, and a quantity of salt solution left in the cavity. Incision was closed by the usual method, without drainage. Patient put to bed, and made uneventful recovery. Since which time she has enjoyed almost perfect health, with exception of



Anterior view: Pyosalpinx. Suppurative Appendicitis, Cystic ovary of right side, Fibre-cystic ovary of left, and Retroflexion of uterus with dense adhesions.

1.



Posterior view. Same. Showing pus tube more prominently.

2.

some nervous disturbances resulting from precipitating the menopause.

Case II — Myoma of Uterus. Weight, 5 pounds, Complicating Ileus: Was it Mechanical or Paralytic?

Mrs. E. W. Age 40. Family history, negative. Previous history, of no special interest. Patient came under observation December 7, 1910, complaining of having suffered more or less with menorrhagia, accompanied by pains in the lower abdomen frequently, also a growth in the lower part of the cavity.

Physical condition, on examination, was found to be good.

Urinalysis: On December 9, gave a specific gravity of 1040, with large amount of sediment. Reaction, acid. Trace of albumen. A few pus cells on microscopical examination. Another examination on the 10th, showed specific gravity 1020, and yet a trace of albumen. Local examination of patient showed tumor extending upward, nearly as high as umbilicus. Solid. More or less regular, movable. Digital examination confirmed the abdominal palpation.

Patient prepared for operation, which was performed on the 10th of December, 1910.

Median incision from os pubes to point about one inch above umbilicus. Tumor found to be adhered in several places to the abdominal wall, and on the left side so densely adhered to the sigmoid colon that it was with great difficulty that a line of cleavage between the two structures was found. This was dealt

with by sacrificing tissue at the expense of the peritoneal covering of the tumor. This done, other adhesions of less density were broken up, and the tumor removed as follows: beginning on the right side which was more or less free, the ovarian vessels were ligated on the pelvic side and clamped next to the tumor. The broad ligament was now cut down to the uterine artery which was clamped, and cervix cut across, clamping the left uterine vessels, and rolling the tumor out from the right side, peeling away the peritoneum up to the point of adhesion to the intestines on the left; remaining vessels tied, and tumor completely removed.

The usual toilet of the abdomen was made, and wound closed by ordinary method.

Patient was put to bed in good condition, was given proctoclysis by the Murphy method, and stimulation with strychnine. Regained consciousness half hour after the operation. At six-thirty, same day, vomited small amount of brown fluid, and complained of abdominal pain. Catheterized at 6:30 p. m. Strychnine was kept up, and because of some complaint of pain, a hypo of morphine sulphate with hyoscine hydrobromate was administered.

On the morning of the 11th, patient's condition was fairly good, and continued so throughout the day. On the 12th, special enema was given; returned with much gas, small amount of mucus with foul odor. Patient felt better afterward,

On the 13th, which was the

fourth day of operation, the wound was examined and found to be in good condition, and tension sutures removed. The maximum temperature and pulse on this day was 99.6° and 82. The minimum, 98.2° , and 68.

Patient complained on the evening of the fifth day of gas pains, dose of castor oil with five drops of turpentine administered at 8 p. m. Simple enema at 10 p. m. Result successful with dark colored stool. Soft special diet ordered on the 15th. Patient continued doing well. Convalescence satisfactory until the 25th, fifteen days after the operation, at which time patient was allowed to sit up out of bed. There being no unfavorable signs, a more generous diet was ordered, and patient ate heartily for dinner. During the evening, she made some complaint of abdominal pain and distress. Believing this to be an attack of acute indigestion, we administered accordingly. Temperature went up to 100.2° . There was a little relief from the administration, and she was worse on the next day. Vomited seven times by three o'clock in the afternoon. At six p. m. the stomach tube was introduced, and the stomach washed out, apparently with good results. Patient immediately expressed herself as better, and went to sleep, but awoke at 9 p. m. vomiting, and again at 2:30 a. m. All food was discontinued, small powders of calomel were given, followed by Rochelle salt, and hot water was taken in sips frequently. The simple enema was given which

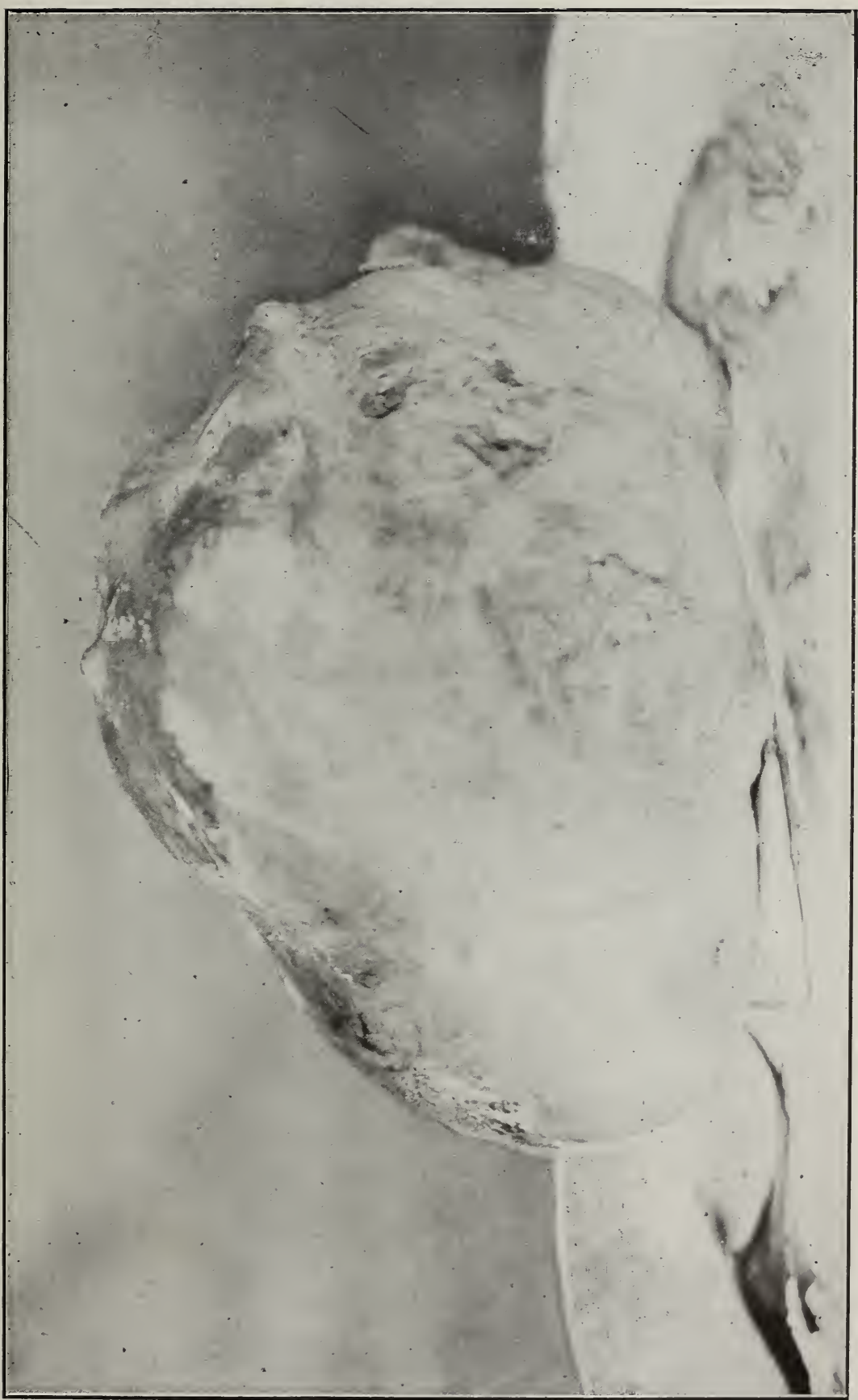
brought small amount of fecal matter.

On the 27th, patient had a very bad day. Vomited seven times. Alum enemas were given three times during the day. Results unsatisfactory. Simple enema also given; no results. Atropin, gr. 1-60 every six hours was administered hypodermically. Vomiting continued; frequent attempts at bowel movement, but without results. Temperature 98.6 , pulse 92.

On the 28th conditions were worse. Patient sleepless, and slightly delirious. Vomiting continued incessantly, complained of difficulty in swallowing, vomited ten times during the day, brownish fluid. Atropin continued hypodermically. Hyoscine, gr. 1-100, was administered per hypo. Alum enema given without results. Rectal tube inserted high; no results. Hot turpentine stupes to abdomen, together with calomel in 1-6 gr. doses by mouth, with nutritive enema. Temperature went as low as 97.6° , pulse 116.

On the 29th patient slept some from hypnotics, but still vomited when awake. Unable to void urine or stools, had to be catheterized. Complained of distress in the left lower quadrant of the abdomen, and feeling as if knot was there. Alum enema brought some gas with consequent relief, temporarily. Alum enema repeated later, followed later by nutritive enema.

On the 30th, patient a little better. Vomited less, alum enema brought a considerable amount of fecal matter and much gas. Simple enema later brought brown liquid



Myoma of uterus. (Weight 5 lbs.) with intimate adhesions of Sigmoid flexure of colon and tumor.

stool. Still later special enema, given high, brought brown liquid stool, and much relief, again able to urinate voluntarily. Patient rubbed with olive oil; stupes to abdomen. Hot camphorated oil to throat. Creolin douche given because of discharge from vagina. Able to retain small amount of liquid diet.

On 31st, complained of being hungry, and wanted to sit up. No vomiting.

On the 1st of January distress returned. Vomiting again. Enemas and oil brought small amount of fecal matter and gas. Nutritive enemata continued.

On 2nd patient worse. Vomited frequently. Patient delirious and unruly. Asked to be left alone, and allowed to die. Perspired. Slept under hypnotics with eyes half open. Pulse at this time 128. Temperature varying from 99° to 97.

On the 3rd, still vomiting. Throat sore. Nourishment per rectum.

On the 4th, still vomiting. Complained of throat. Hypodermoclysis of 750 C. C. of salt solution given at 11 a. m. There was some immediate improvement following this.

On the 5th, patient seemed some better. Frequent desire for bowel movement, but only gas. Involuntary urination, pain, cough. Treatment, strychnine per mouth, atropin hypodermically. Liquid peptonoids, creolin douche, hot water bag to lumbar region, vaseline swallowed as demulcent for relief of throat.

On the 6th, patient felt better, and had better night. Frequent involun-

tary urination. Frequent desire for B. M. but no result.

On the 7th, she was somewhat improved.

On the 8th, her general symptoms better, but complained of pain about ear increasing, and parts beginning to swell.

On the 9th, well developed parotitis on both sides. Her jaw much distended, and very painful.

Patient from this time on continued to improve, and was generally better in all respects, except jaws and throat. Complained much of these paining her, and difficulty in swallowing. Applications to these were continued, and she felt better temporarily.

On the 11th of January, swelling very much increased on left side of face, and more pain.

She vomited again on the morning of the 11th, much ropy mucus, and again during the evening. Enema brought large dark brown stools and much relief.

She sat up in rocker on the 12th. Still complained of jaws paining, and stiffness. She developed cough about the 8th, which troubled her more or less for several days. Considerable thick whitish discharge from vagina, with bad odor, much pain on urinating, and slight abrasions about buttocks, thighs and knees.

Bloody urination on the 15th, with much pain during the act. Bloody urination again on the 16th, with pain. Special enema brought large stool with mucus streaked with blood. The parotitis disappeared at

this time, and from then on no more complaint from that source.

Bloody urination again on the 18th. After which date this symptom disappeared. Patient walking about room gradually, strength coming, gaining in flesh, and on January 24th was discharged in good condition.

During the height of her trouble, when she was vomiting incessantly a dark, copper-colored, foul-smelling fluid and unable to retain anything on stomach, abdomen retracted, no peristalsis, patient emaciated, wasting away so that the bony projections became very prominent, eyes sunken, skin dry and dead in appearance, conditions we considered extreme, that despite the weakness and the apparent prospective failure, we decided as a last resort, to open up the abdomen, with expectation of finding mechanical ileus low down. Preparations were made to this end, but just before the time arrived for operation, another effort with alum enema brought a large stool of solid and semi-solid matter, with a great deal of gas, with consequent improvement in her condition, which caused us to desist from operation.

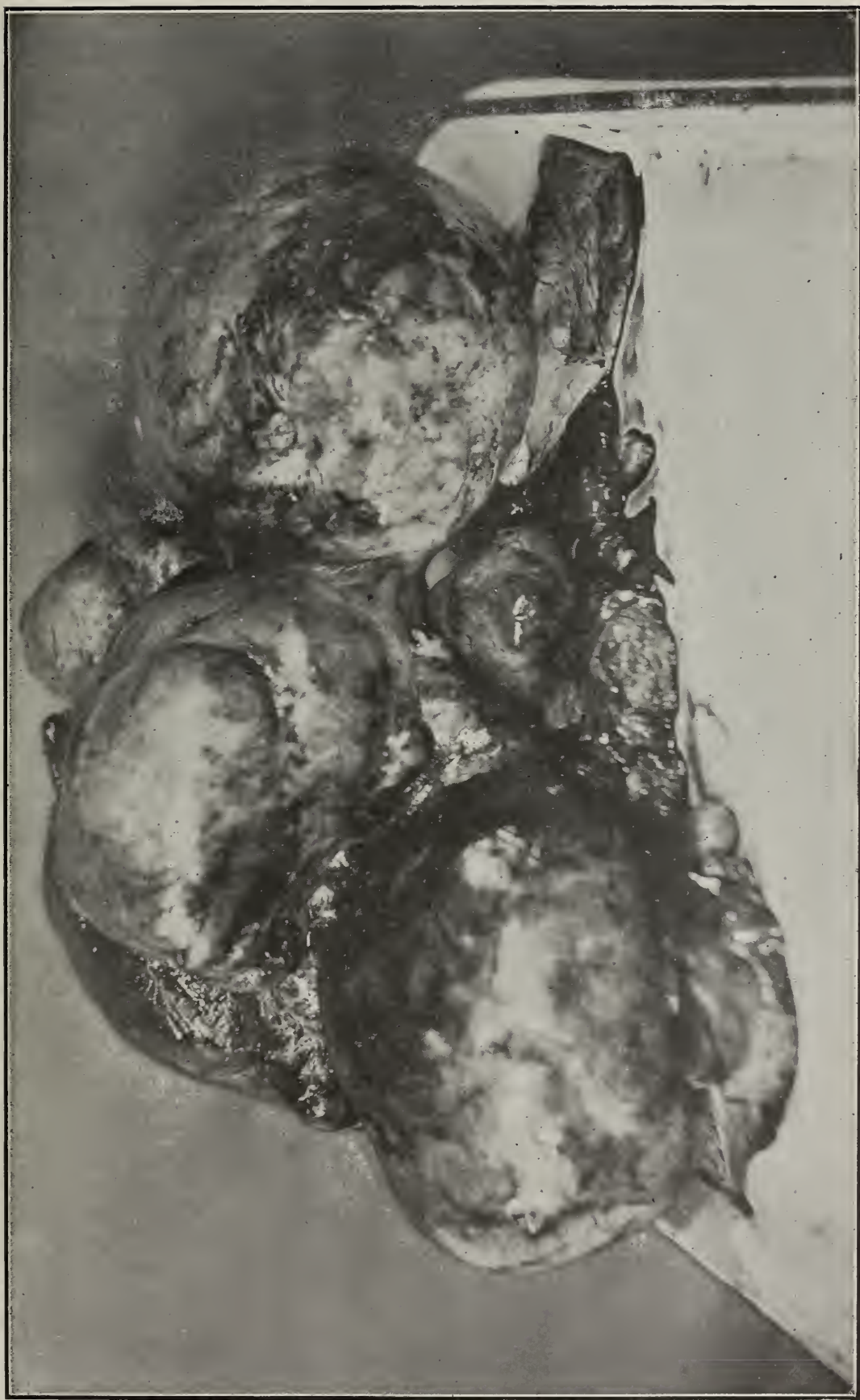
During the month of April I happened to be in this patient's locality, and had the extreme pleasure of seeing her among her family and friends, happy, robust, and strong, having gained at least 15 pounds since leaving the hospital. Since that time her husband writes that she is quite well, and weighs more than she has ever done.

Case III—Multi-nodular Myomata, weight 15 lbs. Appendicitis Complications.

History: Mrs. M. H. Age 35. Married. Nullipara. Nativity, Georgia. Came under observation Apr. 17, 1911. Family history, uneventful, with exception of one cousin who had a large abdominal tumor which was never removed, and who died at an advanced age, of paralysis. Patient had enjoyed good health up to two years ago, since when she had suffered more or less with swelling of the feet and hands, shortness of breath on exertion. Regular menses with slight pain up to two months before operation, when profuse metrorrhagia. About four years ago the patient first noticed a mass near the umbilicus which would enlarge at the menstrual period, and then decrease in size, each time remaining larger than before, and always tender to touch. Habitual constipation, difficult urination, severe pains in the back and pains in the lower limbs.

Physical Examination: Patient very corpulent. Weight 205 pounds. Heart and lungs normal. Temperature on admission 99°, pulse 100. A few hours later, temperature 98.4°, pulse 76. Inspection of other parts normal except a large irregular mass filling the abdominal cavity, extending upward above the umbilicus. Several distinct nodules present.

Vaginal examination revealed a large dense mass filling the pelvis and extending downward into the vagina. The cervix could not be detected. (An effort was made to locate the cervix after the patient was anesthetized, with same results.) There was a dark bloody discharge



Multinodular Fibroid tumor of uterus. (Weight 15 lbs.) Appendicitis with adhesions; and other complications

per vaginam. External hemorrhoids present, of which the patient seemed unaware.

Urinalysis: Specific gravity, 1032, reaction acid; trace of albumen present. A few epithelial casts, and pus cells abundant. Urinalysis 24 hours later showed specific gravity 1020. Still a trace of albumen, but no casts. Patient was given light non-irritating diet with abundance of water to drink. The bowels were opened thoroughly and the copious drinking of water continued up to the time of operation.

Operation: Median incision from pubes to point about half way between umbilicus and ensiform cartilage, through skin and thick adipose tissue down to sheath of rectus muscle. This was split beside median line and muscle fibers pushed back with blunt dissection. Just before incision an effort was made to catheterize the patient because this was unsuccessful before coming to the table. It was found possible to have the catheter penetrate for a distance of only about an inch from the meatus, hence no urine obtained. Suspecting the bladder to be carried high up in the abdominal cavity by the tumor, the peritoneum was opened above the umbilicus. The bladder was seen in the median line about one inch below the opening. The opening was extended about two inches higher, as the two larger projections of the tumor were lying, one just below the liver, and the other on the left side pressing the diaphragm upward and in close proximity to the heart. Effort was

made to dislodge the tumor at this juncture, but many adhesions were found. The wound was then extended downward, carefully guarding against injury to the bladder. Inspection then showed that the bladder extended from a point on the left side of the mass, across the front, over to the right side upward to a point about one and one-half or two inches above the umbilicus; being spread out like a membrane covering the whole of the anterior of the tumor for about two-thirds of its length. The gloved hand was then placed in the cavity, and a thorough exploration made, at the same time breaking up light adhesions. Volsellum forceps were then placed on the nodule which projected upward and to the left, and with one hand in the cavity, and the other used for expression of the tumor outward and toward the right, my assistant made strong traction on the forceps, thus displacing the mass from its bed by the combined methods of traction, expression and partial rotation to the right. The top of the nodule that rested beneath the diaphragm was found to be thickly studded with small tubercles, varying in size, many of them the size of a pea, and some larger. Latent tuberculosis was then suspected, and the physician who brought the patient, and who was a spectator was so advised.

During the manipulations in removing the tumor from its bed, and breaking up the adhesions, a very small rent was made in the outer wall of a coil of the ileum. This was immediately closed with Lem-

bert suture. The upper part of the tumor was now dislodged from the cavity, the lower part being found to completely fill the pelvis, and held by firm adhesions to all the surrounding structures; hence the inability to catheterize the patient as above mentioned. The bladder was now separated from the tumor, being pushed downward, largely by means of sponge dissection throughout its great length, which proved to be in reality a stripping of the peritoneum from more than two-thirds of the anterior surface of the tumor. This being accomplished, and the bladder pushed downward and forward out of harm's way, the broad ligament and ovarian vessels on the right side were tied with medium sized silk, externally, clamped next to the tumor and cut.

The pathology here was so extensive that it was extremely difficult to recognize any of the usual landmarks, and considerable apprehension was entertained lest we should traumatize a displaced ureter. To avoid this a cuff of peritoneum and broad ligament from the tumor was made high up, this was dissected downward, thus carrying with it important structures, and at the same time hulling out the tumor. At this point venous hemorrhage was quite profuse, and coming from so many different points that it was considered an expensive loss of time to attempt to check it further than by compression with hot sterile towels, while we worked rapidly to get the complete mass removed, which we succeeded in doing, judi-

ciously using the clamps in order to control the hemorrhage on each side from the top of the broad ligament. This brought us down to the amputation. Because of the fact that we had not been able to locate the cervix as mentioned above, a little time had to be taken to find this structure. Having succeeded, the uterine vessels were clamped high up in order to avoid catching the ureters, and the mass amputated and removed, and the hemorrhage controlled. We then proceeded to carefully inspect presenting conditions. The ovarian vessels were now isolated on the right side and tied, at another point external to the ligature of the mass. The broad ligament on this side was cut away proximal to the ligature. The same thing was done on the left side. The ovaries and tubes were hardly recognizable on either side, because of cystic degeneration. The uterine arteries were now isolated and clamped at a lower level, and the cervix again amputated, removing with it a part of the broad ligaments and tubes and ovaries on both sides, just as though the first amputation of the tumor had not been made. A careful toilet of the pelvic cavity was now made, repairing all abraded surfaces, and controlling all oozing. The stump was cauterized and closed with heavy catgut, and the peritoneum was closed over the stump by a continuous suture of chromicized catgut. The appendix was inspected and found distorted, much inflamed, and with several adhesions. It was removed, and the parts carefully re-

paired by covering over with peritoneum. The sponges were now removed, and counted, and a thorough inspection of the abdominal cavity made. The other viscera seemingly normal, the abundant omentum was brought down carefully covering the parts, and a closure was made by the usual individual layer method. Just before the peritoneal closure was completed below, the abdominal cavity was washed out with normal salt solution and a large amount of same was left in the cavity.

AFTER TREATMENT

The patient was removed to the bed previously prepared by heating, placed between two blankets, and pulse being somewhat weak and rapid, stimulated with strychnine hypodermically; and because of the blood lost, and consequent weakness, 500 C. C. of hot normal salt solution was injected beneath each breast. At the same time an enema of the same solution with black coffee was given. This was not retained, and proctoclysis by the Murphy method was instituted. The patient left the operating table at 11:30 a. m. Was conscious at 11:40. Catheterized at 10:20 p. m. Four ounces of urine secured. Voided urine normally at 5:30 a. m., and use of the catheter was unnecessary thereafter. The function of kidneys was promptly established. The bowels were moved on the morning of the third day, with an enema of oil of turpentine 2 drams, glycerine one ounce, and salt solu-

tion six ounces. This was repeated as necessary. The patient was given water to drink in small quantities at first, increasing as necessary. Liquid diet began on the second day. The tension sutures of silk worm gut were removed on the fourth day, and the wound found in good condition.

On the 7th day after operation, all sutures were removed, and wound found to be in good condition. Patient continued convalescing satisfactorily, but with afternoon rise of temperature and pulse, with temperature as high as 100.2° , pulse 100, reaching normal during the morning.

During the night of the 29th, she complained of pain in the right side of chest. On the morning of the 30th, it was a little worse. During the day she was visited by her husband, and by six o'clock, due to the excitement and exertion in talking also the local condition in her side, temperature went up to 103.8° , pulse 112, respiration 22. At 7 p. m. she was examined, and found to be suffering with acute pleurisy, complicating what we had been suspecting as a latent localized tuberculosis. The chest was strapped snugly with broad adhesive strips. A C. C. Pill was given for bowels, and aspirine in 5 grain capsule every hour for three doses. She was taken from the room, and placed out of doors in the open air, where she remained until she left the hospital. Patient perspired freely during the night, and for several subsequent nights, it being necessary at times to

change her night dress. Not much cough. On the morning of the 31st, she felt much better. Temperature 100.2°, pulse 104. From this point on she steadily improved, gained in strength and temperature and pulse returned to normal. On the 9th of May, she was discharged

from the hospital, and left in an excellent condition for her home in Georgia.

Recently we were advised by her family physician that she was getting on nicely, and that he was well pleased with her condition.

Comments on The Journal

I am pleased with the issue, and have covered it in more ways than one.

Yours very truly,
(Signed) WM. H. SOHL.

I get the Journal, and am very much pleased with it. It is a credit to its founders and while it is no doubt very hard work, it is certain to be a success.

Yours fraternally,
(Signed) VALDO TURNER, M. D.,
St. Paul, Minn.

Holicong, Pa.,
March 20, 1911.

Enclosed you will find one dollar (\$1.00) for subscription. I have received a copy of the Medical Journal. I am exceedingly well pleased with it, because, I think it full of interest to the public at large.

LULU LLOYD (Trained Nurse).

A word for the Journal: I study it like a school boy would a text-book, and I get real good out of it. The contributions by Drs. Daily, Robinson and Curtis are well worth the price of the Journal a whole year. The editorials are never stale, but always helpful.

J. H. HOLMAN, M. D.,
Nashville, Tenn.

The History and Surgical Treatment of a Case of Septic Peritonitis

*J. SETH HILLS, M. D., Jacksonville, Florida

The patient under consideration is thirty-one (31) years of age, mother of three (3) children, the youngest of whom is five (5) years old. Before and since the birth of her last child she has enjoyed excellent health, never suffering from any female trouble at any time and has always menstruated regularly every twenty-eight (28) days. On the 30th day of August, 1909, after having waited several days for the appearance of her menses, she became alarmed fearing that she was pregnant and began administering self-treatment. Having used all imaginable remedies to produce abortion and without success, she decided to resort to one of the various methods that had been given her and selected an ordinary crochet needle, using the point instead of head.

Four days after having introduced the instrument she was seized, as she described it, while in bathing with a sharp, lancinating pain in the upper part of the pelvic region, and as soon as brought from the surf fainted.

Medical aid was summoned and she was brought from the beach to her home and her physician called in. His treatment seemed to have relieved the present symptoms until the fourteenth (14) day of September, or four days after the initial at-

tack at the beach, when she noticed an enlargement of the abdomen with pain and some distress, especially on taking a deep breath. Her physician was in constant attendance, and as medical treatment gave but little relief, I was called in consultation.

On examination I found the pulse 123, thready and easily compressible, temperature 102.5, respiration 40 and shallow. There was a decided enlargement of the abdomen and upon close examination I found the cavity contained fluid. Paracentesis Abdominis was performed and nine (9) ounces of a dark straw-colored fluid, about the consistency of glycerine, removed. On the following morning the temperature was 101, pulse 112 and respiration 30 with an increased tenderness over all the pelvic organs.

The case passed from my observation until the 24th day of September when I was again hastily summoned in consultation. At this time the pulse was 142, temperature 104.6 and respiration 48, patient alternating between a comatosed and delirious condition. Septic Peritonitis was the diagnosis made and an immediate operation advised.

I would now call your attention to the first important point in the history of this strange case:—Namely, that the subjective symptoms

*Read at Georgia State Meeting, Athens, Georgia, 1911.

were absolutely nill. Although in the throes of death the patient had never told anything of what had happened by her own hand and the fact of her having used an instrument for abortive purposes was not brought out until the second week after laparotomy had been performed and she was well on the way to recovery.

It is quite likely that an admission of this fact by her would never have been made had I not confronted her with my findings and in a know-all manner told her all that had happened.

From the time I had advised an operation to the performing of the same fully 24 hours had elapsed, much of the time having been in consulting relatives who were in no way capable of knowing the seriousness of the condition and also in securing consultants of which there were five in all.

The pulse, temperature and respiration had increased over the preceding day. The husband and relatives, despairing of all hopes said operate at the eleventh hour. The white consultants were discharged and within thirty (30) minutes a clinic had been arranged with eight or ten colored physicians present. Oxygen, saline solution and all sustainers of life were placed in readiness and the operation began at nine-fifteen (9:15) o'clock. In three minutes we were down to the peritoneum with a two-inch incision. What proved the first great surprise to me was the inability to get anything from the opening but a small

quantity of dark offensive serum, especially when percussion showed the presence of a large quantity of fluid. Time was the most important element, yet it had to be sacrificed twice already to restore the patient's respiration.

Having done this a bold incision was made three inches long when suddenly a mass of tissue almost the size of an orange burst forth from the opening and a stream of pus and serum followed. Five and one half quarts of pus and serum flowed from that cavity. The patient collapsed and oxygen and transfusion were administered until the radial pulse could be felt. Fully five minutes were spent in restoring the patient to a safe point for further treatment. As soon as respiration could be brought to 20, we proceeded with our investigation. Four quarts of normal salt solution were allowed to flow into the cavity through a curved glass tube and while the intestines were being raised and lowered more than one fourth (1-4) dozen pieces of fatty tissue, varying from the size of a chestnut to an egg, floated up to the opening and were removed.

The tissue in question proved to be pieces of omentum that had sloughed off and were lying on the floor of the pelvis. As soon as the cavity was rendered free from pus a further examination was made with a view to ascertaining the cause, if possible the point of infection.

Another notable fact was witnessed at this point:—Namely, the absence of adhesions. One would

naturally suppose that there would have been almost any number of adhesions in view of the extensive inflammation and the number of days it had existed. Instead of adhesions the intestines and peritoneum were covered with a thick exudate and bathed with pus.

I am inclined to think that the adhesions were absent on account of the great amount of fluid, especially pus, which, perhaps, acted as a lubricant and kept them apart. As portions of the intestines were being drawn out for examination pieces of omentum and fat from the intestines fell off from the slough that had taken place. Apparently the inflammation had a special affinity for all of the fatty tissue within the cavity. At this point the patient had grown so weak from the strain that further exploration had to be discontinued for the time.

After a most vigorous cleansing of the cavity the abdominal opening was closed to one inch and a perforated glass tube inserted. The operation was begun at 9:15 and ended at 9:45. Five minutes after having been put to bed the pulse was 168, temperature 103, and respiration 44.

Now as to the further treatment you will perhaps notice that I did not resort to the usual manner of drainage through the sac of Douglas. I was prejudiced against it in this particular case on account of a very purulent and offensive vaginal discharge which might have been gonorrhoea and of which I had not had an opportunity to have exam-

ined for the presence of gonococci and I did not care to take chances with a double infection. I could not rely upon the wick method of drainage because my patient had to remain in a dorsal position which would have rendered free drainage impossible; hence, my only recourse was the tube and suction. The nurse was instructed to remove fluid from the tube every three hours if necessary. At eleven o'clock I was called from an adjoining room and informed that the tube was half full. To my surprise it was true. Six ounces of serum were removed and instructions given to draw off every two hours. While these instructions were given I had not the least idea that it would be necessary to draw it off so often or even keep it up for any length of time. From eleven a. m. to eleven p. m. the fluid had to be drawn five times and at each operation there were more than six ounces or a total of thirty-two (32) ounces in twelve hours.

Where did it come from? was the perplexing question that confronted me. It was not blood, there seemed to be no hemorrhage. The discharge continued all the following day and I decided to try to locate its cause as well as the source of infection, if possible. At four p. m. of the second day the patient was placed on the table, the cavity irrigated and a small Harvey lamp introduced to the bottom of the tube. After having moved the tube around in the cavity several minutes, I discovered a dark point about the size of an ordinary pea on

the lower surface and to the right side of the fundus of the uterus. On account of the tube being closed at the bottom, except where small perforations were made, I could not determine the character of the wound and decided to forego further investigation until I could procure an open tube. This was done on the following day and the investigation continued. Having located the small spot I was enabled by bi-manual manipulations, to push the fundus of the uterus well up into the upper part of the pelvis and at the same time tilt it upward thus bringing the suspicious point into reach. I made several attempts and finally succeeded in curving the end of a probe sufficiently to enter the spot and followed an opening which led into the cavity of the uterus. My suspicion was confirmed for the first time though the operation had been done more than fifty hours.

Now to determine the cause of the unusual amount of discharge:— You will remember that I said there was no hemorrhage, I was mistaken. There was, but not from any violence that had been done in the operation, but there was a constant oozing which I discovered by the aid of the Harvey lamp from the sloughing omentum and fat on the intestines. Every twenty-four hours the tube had to be removed and three or four quarts of normal saline solution thrown into the cavity. Whenever the wound would be treated in this manner large pieces of fat that had sloughed off would rise to the opening and float out.

The temperature did not at any time come to near normal but remained above 102 until October fifteenth when it began to fall slowly. During all this time the discharge kept up, the tube having to be emptied at least three times a day, at which time there would be a partial irrigation.

I must add here that the suspicious vaginal discharge was examined later on and found free from gonococci. On the first of November the patient was still confined to bed, the tube in situ and a discharge which demanded daily irrigations. On the sixth day of November the tube was removed and replaced by gauze drainage which remained four days. This in turn was followed by drainage made from bundles of coarse silk and lessened at each dressing. Up to the time of removing the tube, there had been no other antiseptic solutions used in the dressings but hot saline solution. On removing the tube, the gauze and silk drainages were soaked in hydrogen peroxide before being inserted and this kept up until the last threads, three in number, were removed.

As to medicinal treatment it was purely supportive and confined to mild laxatives, strychnia, phosphorous, quinine, with occasional doses of beta naphthol.

Gentlemen: the first and most interesting point in this case is that it did not go to autopsy.

Second in importance is that the entire omentum with most of the fat of the intestines sloughed away

and that it is the only case of peritonitis that I have ever seen, heard or read of where the cavity remained open five weeks, had to be irrigated regularly every day during that time and the patient made a recovery.

Another point I wish to call your attention to is the manner of infection—its strangeness. It is not strange that the patient should have developed septic peritonitis from the introduction of septic infection, but it is strange that the infection was presumably carried from an infected region, the uterus, and that the region giving rise to the infection

seemingly took no part in the subsequent inflammation—That is, I mean to say that the uterus must have completely emptied itself within a short while after the attempt at abortion, and with its evacuation ended its own trouble.

During the entire seven weeks there was not a sign of inflammation no discharge whatever from it though the vagina below was flooded with a muco-purulent discharge and the entire abdominal viscera bathed with pus.

The patient made a splendid recovery and has never experienced any other ill effect.

Comments on The Journal

I have before me the last issue of the Journal, and I enjoyed its contents very much. It is interesting from cover to cover.

ALBERT A. TENNANT, M. D.,
Richmond, Va.

The Journal in medical make up, and the matter that it contains is worthy of a conspicuous place among the other journals read by the studious physician.

Yours fraternally,
(Signed) T. A. WALKER, M. D.,
Baton Rouge, La.

I have read my Journal through. Found it quite interesting. Needless to say I enjoyed it.

Very truly,
(Signed) S. B. YARBROUGH (Trained Nurse).

Annual Address to the Georgia State Medical Association of Colored Physicians, Dentists and Pharmacists, at Athens, Ga., May 17-19, 1911

By J. WALTER WILLIAMS, M. D., President

In review of the past twelve months, we observe that many things have been done; many discoveries made in the art and science of medicine; many things in use have been discarded and become obsolete that were thought potent. Yet, there are many cases and effects whose undefinable mystery is as profound and unsearchable as were in the days of HERMES, HIPPOCRATES and GALEN.

Research for knowledge, is the object of this Association, and the profession of the state ought to take advantage of their unlimited opportunities.

Slowly, but surely and effectually, the restless mind of man is studiously and persistently delving into the archives of nature's mystery; and one by one the doors of her bountiful resources and secrets are being unlocked.

Medicine, like all other sciences and professions, has progressed by slow evolution, in all ages.

If the Negro Physician, Dentist or Pharmacist is ever to take his place in the world, with the races who do things in the realm of investigation, deduction and discoveries, now is the time.

As a race, our advancement and achievements in the future will depend on our own efforts, and will

be determined comparatively and in proportion to our opportunities.

Painstaking, systematic application to study, should begin with our earliest practices and continue. It takes constant plodding to even keep in sight of the vanguard of this progressive scientific army.

The organization of this association—some eighteen years ago—by the pioneer colored physicians, Doctors, Butler, Slater, Asbury, Hays, Strong, Lockhart, Stoney, and eighteen or twenty others, was a long step forward. The organization bespeaks for them a forethought and interest at once and entirely praiseworthy and commendable, the fruits of which labors we enjoy. Nor could we have this privilege today, unless they had met at that time, the discouraging situation with patient but persistent effort, pleading with the indifference of the members of the profession throughout the state, till the association was organized in Augusta.

Let us not be satisfied with these facts alone, but let us enjoy, in the fullest measure, all the prerogatives, advantages and accomplishments that the proud, intellectual and great state of Georgia can afford us.

Let our annual coming together mean that it shall uplift and benefit our people, as well as redound to

our own individual credit and good.

Of the things of material good, and urgent necessity to this Association, I wish to recommend for your consideration at this session, the following:

1st. The abominable nuisance of the certificate signing by the physician, a custom which has crept into his professional duties with the growth of the industrial insurance, that some steps should be taken to regulate.

2nd. The fee system, of which we stand woefully in need, the arrangement of which was attempted at the Augusta meeting two years ago, should be gone into and completed at this session.

3rd. Due consideration and co-operation ought to be given the request of our sister states; Florida and Alabama, of a Tri-state Association. That this is an original idea of theirs, I am not sure. I am certain though that the credit is due Dr. L. B. Palmer, the idea of projecting the action of this plan at this session. I have in accordance, during the interim, appointed Dr. Palmer to represent this association as committeeman, to act with Dr. J. Seth Hills, the Florida Representative, and the Alabama delegate, as yet not named.

4th. Steps should be taken to have an official representative to the National Medical Association annually, and that the association defray said representatives' railroad

fare, to and from the place of meeting.

5th. It may be premature, yet not out of time, I think, to mention and suggest a plan by which this body of men, of themselves, and by themselves, could protect and benefit themselves in the retiring years of their usefulness, their widows and orphans as well, by the organization and maintenance of an insurance department. This is, by no means, a new departure among the white associations in other places, I am told, but it is an entirely new idea among the colored associations. I therefore recommend this proposition for your consideration.

6th. As a means by which a greater interest might be created and to promote the cause and larger scope of study, I believe the separation of the department of Medicine, Dentistry and Pharmacy, each into their fundamental branches; to have a chairman of each branch, with collaborators, would be a step in the right direction. The chairman of each branch would, with the assistance of his group, be expected to report each year to this convention, the new things, advancements and discoveries in each particular department. I can think of no better means of spreading out the weight of responsibility, and giving a majority of the members a definite work to perform.

Wishing you happiness and prosperity I bid you God-speed.

Acute Intestinal Indigestion--Infancy and Childhood

*By J. S. ALLEN, M. D.

In infancy, acute indigestion is really limited either to the stomach or the intestine, since in one case, the irritability of the stomach is slight, while the intestinal symptoms are quite severe; and in another the reverse may be seen.

The intestinal symptoms are more frequent, and usually much more serious than those met within the stomach. In older children we may have the intestinal symptoms alone, and we shall consider the intestinal form only.

Under Etiology I wish to mention, improper feeding, and over-feeding, among the prime factors of precipitating an attack, together with sudden changes from a richer to a poorer diet, or a sudden withdrawal from the breast to artificial feeding, and especially where the nurse is careless in the preparation of the food—using dirty nipples, and bottles, also the hot season, previous attacks, children weakened by the onset of acute diseases, the debilitated and poorly nourished, irritability of the nervous system resulting from dentition or anything having a tendency to lower the vitality of these little patients.

The symptoms of this disease are many and varied. In infants if the onset is abrupt, we are almost sure to have either a portion or all the symptoms of acute gastric indigestion, in which the food ingested in-

stead of passing out of the stomach in two or two and one-half hours, remains for five or six, causing nausea and pain, followed by persistent vomiting which often proves to be a very dangerous complication. But on the other hand, when the attack is more gradual, we have a very different state of affairs. When called upon to see one of these little sufferers with an attack of the acute disease, we may find the patient supine, with dry, parched features, rapid breathing and quick pulse. There may be a tenderness and short colicky pains referable to the umbilicus and indicated by sharp piercing cries and drawing up of the legs. There may be tympanites; but this is not always present. The stools which are usually two or three in health may, during an attack increase to twelve or more, and may at first be of a yellowish color, with a very foul or sour odor, which changes to a greenish yellow, and finally to a grass green color. The stools are much thinner than normal, and the frothy consistency sometimes seen is due to the presence of gas. Food may pass through the child almost unchanged, occurring when the milk diet is used, as little white masses, not unlike lumps of clabber. The stools sometimes become acid in reaction, and when this is the case, they greatly excoriate the buttocks.

When the attack is sudden, the

*Read before Annual Meeting of Palmetto Med. Ass'n, Greenwood, S. C., April, 1911.

temperature usually rises from 102 degrees to 105 degrees Fah., but in older children from 100 degrees to 103 degrees Fah. As a result of the high temperature together with the general prostration, restlessness, pain and irritability of the alimentary canal, convulsions are often present.

The diagnosis of acute intestinal indigestion is very uncertain before the commencement of the diarrhea, and this may be distinguished from other forms by its short duration; although the symptoms may be so alarming as to threaten life.

In the previously healthy, these attacks last but a few days, and our little patients are soon seen wending their way back to vigor and strength. But in the delicate, a severe attack in the hot season may prove fatal. The nervous symptoms are not so marked as those met with in the gastro-enteric form, and vomiting is not so persistent. This disease may prove fatal in very young infants and in delicate children. The grave part about these attacks is, that they predispose to more serious intestinal disorders.

The treatment like the symptoms is varied, but in this as in almost every other disease, the treatment may be begun by a thorough cleansing of the bowels; and I know nothing better than calomel given in 1-8 or 1-4 gr. doses every hour till eight doses are taken, followed an hour later by a heavy dose of castor oil. The calomel serving as an antiseptic to the intestinal tract, and a sedative to the whole system. Some-

times the oil alone may be given, or syrup of rhubarb has been used with good results, because of the astringent effect it produces in the bowel. Complete rest of the patient, and especially of the digestive organs should be enjoined. There is usually great thirst on account of the high fever and the frequent liquid stools. This may be met with small quantities of cold boiled water, given every ten or fifteen minutes, cracked ice, whey, albumen water, etc. All food should be discontinued for at least twenty-four hours. Stimulants in the form of brandy or whisky may be given to combat the prostration. Now if the foregoing measures fail to control the diarrhea, opium may be given, but not before the patient has had a brisk purge. From 1-8 to 1-4 gr, of Dovers powder after each stool, usually proves to be effective in ordinary cases; but this does not always give the desired results, and the diarrhea may get alarmingly worse; when the tincture of deodorized opium in combination with bismuth sub-nitrate, carbolic acid, or creosote, simple syrup, mucilage and peppermint water will give good results. Glyco-thymoline may be substituted at times for the carbolic acid or the creosote. In cases where the diarrhea is persistent, weekly doses of castor oil or syrup of rhubarb may be given. Much good may be had by flushing the lower bowels with cold water, using for this purpose the rectal tube, and a fountain syringe.

The temperature may be controlled by the cold bath during the

hot season and at other times, patient may be sponged and put on cot between windows or in the hall between doors or even on the porch away from the sun. The utmost cleanliness is necessary. Napkins should be removed as often as they are soiled.

A suitable diet for these little fellows seems to be a difficult problem, puzzling the physician no little.

Things that do well in some cases may do harm in others. Nursing infants may be returned to the breast in twenty-four hours, provided the temperature has fallen to normal, allowing the patient to nurse about

five minutes at a time, and at intervals of six hours.

If the fever is persistent, and the stools continue to show signs of undigested masses, then artificially prepared food may be substituted. Very dilute cow's milk, say one part, to two parts hot water, sweetened to the consistency of mother's milk, does quite well in some cases. Chicken broth, beef broth, egg albumen, peptonoids in crushed ice, Mellin's Food, Nestle's Food, Horlick's Malted Milk; all may be given a trial; but whatever is given should be given in such a way that the patient may not have the same substance twice in succession.

Comments on The Journal

You are giving us a splendid Journal, the only trouble is, it comes too seldom. It seems that the Association should be strong enough now to support a monthly Journal. The demand is calling for such, the time is ripe. What do you say about advocating such at our next meeting?

From yours fraternally,
(Signed) J. W. WALKER,
Asheville, N. C.

I am glad to acknowledge the receipt of the Journal, and take pleasure in recommending it to any one desiring an up-to-date publication along medical lines. I am,

Very respectfully,
(Signed) JOHN OUTLAW,
Los Angeles, Cal.

Annual Address: President Alabama Medical, Dental and Pharmaceutical Association

*D. H. C. SCOTT, M. D., Montgomery, Alabama.

In looking over the past year, it is gratifying to contemplate the good fortune that has been ours in the matter of an unbroken rank. Your splendid appearance bespeaks a season of prosperity in your respective fields of labor.

That your communities appreciate the service so unselfishly and capably rendered by you, whether in the profession you practice or in the civic duties you perform, goes without saying. For a long time to come, the professional man of the Negro race must be many sided, that is, if he fills the measure of the exactions of his commonwealth. This must needs be so. For verily we are pioneers in this generation and until the varied avenues essential to a symmetrical race are filled, we must for the most part, meet such indications, thereby constituting the foundation for real racial uplift.

There be those no doubt, who are inclined to criticize the professional man who strives to develop the business and social side of his race in connection with his chosen life work; but this seems both ill-timed and short-sighted. The leadership of the race, that is, the co-leadership of our race, devolves very largely upon the Negro doctor, the pharmacist and the dentist, that is,

if he be the successful practitioner that he is wont.

MORAL STATUS

Our moral status is enviable. Few have been the questionable transactions alleged against us as a profession. This is remarkable when we consider the pedestal we stand on.

No profession is so exposed to temptations which are calculated to lure the unsuspecting practitioner into the abyss of reproach and ruin. Yet, gentlemen, we are possessed of an armour thus far unpierced. I say, congratulations.

Along the lines of our chosen work, let me speak.

There are no discoveries to announce from the executive view. That science in the art of pharmacy, dentistry and medicine is taking advanced strides admits of no argument. This trinity is so well balanced in point of achievement that the one becomes dependent upon the other and all are interdependent. May we live a long, long time together or until our numbers multiply to the degree of unviability.

PHARMACY

In the line of pharmacy, the field was never more inviting, to the end of scientific achievement in research with reference to chemistry in all its breadth and practical results. The

*Read before Alabama Med. Dent. and Phar. Ass'n, Mobile, Ala., May, 1911.

work of the pharmacopoeia should enlist the interest of all, even the most commonplace pharmacist. Then it offers the opportunity to make money in a legitimate way, the development of splendid drug emporiums where the colored people will find a haven of their own and will delight to patronize such enterprises. The white man in the drug business will hail such with his felicitations and encouragement.

We are in need of a great many good druggists. Let the profession take heart and the support will be forth-coming, no matter whether the doctors will be inclined that way with their support or not.

In leaving the matter allow me to suggest that there be a more cordial feeling cultivated among the other professions. This can be done by the pharmacist refusing to infringe upon the rights of others. Don't counter-prescribe, don't knock the other fellow, whether he be a fellow-practitioner or a dentist or physician. Don't practice substitution. You practice with vigilance and be on the square. Square your conscience with your work, and success is yours. Go on.

DENTISTRY

The colored man in dentistry is practically new among our people.

No profession is more highly esteemed among all the people. Fortunately for us, the white man in dentistry has set a very high mark of respectability. They have been educated to look upon the dental profession as a sort of superhuman institution and fortunate be he who can

get away with a mouthful of good looking and well feeling material without disgorging a neat wad of Uncle Sam's coin. This too before the work is half finished and in most cases before it is begun. You gentlemen have an opportunity that the king should covet. The development of so splendid a profession is a high privilege and any worthy dentist can make good if he will only keep abreast with the times, equip his office with suitable material and a set of brains well used.

The dentist who would build substantially and well in his line, must be the man whose energies and bent of mind shall tend to the painstaking and competent service which his work indicates. He can go very far toward the prevention of diseases as well as the cure of those coming under his immediate attention. He must of necessity be a moral man. Those coming into his charge, surely pay him a compliment. Because in a large measure the relation between the patient and doctor is confidential.

When more dentists enter the field, the greater will become the amount of patronage coming their way. Never mind about dental parlors where the prices and workmanship are below the standard; and where colored patronage is solicited because of these inducements alone; in due time you will come into your own if your conduct and ability warrant. It is in your province to bring the consummation of this important end. As a co-ordinate branch of our trinity, I greet you and trust that

your shadow may never grow dim and that the increase of your tribe may be both healthy and honorable.

PHYSICIAN

The Negro physician in his oldest age has scarcely passed a generation, that is, three score years and ten. No class of men are called upon to face a journey so uneven and varied as the colored doctor. The demands made upon his time are manifold. That he has faced a formidable competitor in the white physician is undeniable. Yet, be it said to the credit of the latter, he has been high-minded for the most part and has not failed us in times of professional trouble. Few classes of men have been more tolerant with the colored man in his profession than has the white doctor. When we consider that this class of men have been fair to us, not because of any restraint from any source other than moral, it is a matter of pride and satisfaction to our own and we ought to emulate their examples; yea, the example of the noblest sons of Aesculapius. We yield to none in appreciation of the benefits derived from the practice of so noble a profession, and the hope which it offers for future achievements. Remembering also that we are still at the bottom of the ladder. No great discoveries have characterized our career thus far. Tomorrow is rich in possibilities. We have produced no great number of authors nor publicists, but we shall. We have builded no monuments nor amassed individual wealth, but we will. In short, we are beginning to follow well in

the wake of those true and tried great physicians. We are covering the ground pretty well, taking to the specialties and achieving success as a consequence. Those great students of nature, whose example we strive to emulate are hard to improve upon, and when one is able to improve upon their work, he is a master.

GREAT PHYSICIANS

Hippocrates, the father of medicine, centuries before Christ, wrought well; his discourse and practice in the setting of fractures and the treatment of injured joints, hemorrhoids and the draining of the chest cavity for hydrothorax and empyemia and the treatment of many other maladies have scarcely been improved upon.

Jenner's discovery of vaccine virus as a preventative of small pox is still a shining mark in the annals of medical achievement.

In modern times, many are on trial as to the achievements which may make them a place in the niche of fame's high wall.

Koch's brilliant career as father of tuberculosis science which began in that memorable afternoon of March the 24, 1882, a theory which startled the world as an epoch-maker, has fully been vindicated. It is Koch's enduring monument.

Erlich's Salvarsan as a specific for syphilis and Flexnor's serum for the cure of antero-polio-myelitis, are on trial. Should their propaganda stand the crucial test of scientific investigation, these will live on throughout the ages as benefactors and great scientific masters.

It doth not yet appear what we shall be. Perhaps in the great white plague that is sweeping the country seeking whom it may devour; claiming two colored victims as against one white, in its fatal march, according to the latest statistics of Washington, D. C., Nashville, Louisville, Baltimore, Montgomery, Mobile, Birmingham and Memphis, there may develop a great master among our own, who will come forward with a specific which will stand the test. Certain it is the opportunity is here and is ours. That our people are succumbing to the ravages of tuberculosis as they have never done before is a painful fact, I have only one suggestion which to my mind will ameliorate this alarming condition: Organization in social settlement work.

Unless we can devise some way to reach these people who are exposed to tubercular infection, its spread will be not only alarming but disastrous. That tuberculosis is curable by the slow sunshine-fresh-air treatment is not sufficient to meet the indications; on the contrary this remedy only half way meets the condition. The message must be conveyed in an intelligent and effective way, not only so, it must be told many times through such mediums as social settlement workers. To bring about such a condition it will require organization in the communities. Funds must be raised to secure agents whose duties it will be to visit homes and have supervision over certain districts, where most needed or where the disease is prop-

agated because of favorable surroundings to its spread. The beginning may be small and unostentatious but there must be a beginning. All other diseases pale into the shadow as compared with tuberculosis and its deadly effect on the colored race. Society imposes a grave responsibility upon the thoughtful workers of the Negro race, and the Negro physician has a positive charge committed to his care. Will he meet it and how soon will he begin?

The annual address should embody the doings of the organization for the past year as well as to make recommendations and discuss the many phases of our work along the lines of scientific research and kindred interests.

Our meeting in Birmingham last year was a marked success from the standpoint of attendance as well as the character of the papers presented and the enthusiastic interest manifested on all sides. We are still without by-laws and constitution, owing to the unreadiness of the committee whose duty it was to report on this particular work at the said meeting, and in view of the urgent need of the organization for such an instrument for its guidance, this committee was continued in order that its work could be completed and the same disposed of at this meeting. We shall hope to realize our expectations before returning home.

LECTURE BUREAU

The Association should begin to lay plans for the future in the matter of a lecture bureau. This should feature the annual meetings. The

plan could be worked out, and say, five or ten per centum of the gross receipts of the annual dues could be set aside as a fund which could be applied in defraying the expense of some eminent specialist whose duty it would be to give a thesis on some scientific subject in his line and of vital interest to us. It could be styled the lecture bureau, named in honor of some worthy man who has contributed to the cause of Negro medical education.

The state should be divided into districts, after the manner of Congressional districts. A vice-president should be named from each district and his duties so defined, to the end that our association become more compact. Each of these officers should be required to make annual reports on the work in his territory.

We should have a recording secretary, who would relieve the general secretary of much work during the sessions. This office should be elective.

The general secretary should receive some compensation for his work.

Owing to the very general dissatisfaction attendant upon the surgical clinics of the past meetings, and the demoralization resulting therefrom, and in consideration of the limited time of our meetings, I recommend that this feature be eliminated from the annual program. At least until our numbers grow to the extent that we can have sections.

This is not the case now. We cannot continue this and keep intact the organization effectively.

During the interval of the state and national meetings at which latter meeting the vice-president for Alabama was promoted, and as a consequence we were left without a vice-president, it accordingly devolved upon me as president of the Alabama association to fill the vacancy, thus created, by appointment. Accordingly I appointed Dr. S. S. H. Washington, of Montgomery to fill the vacancy. I have no doubt that this able physician will fill with credit the position to which he has been selected.

JOURNAL

The Journal of the National Medical Association still lives and each issue shows a notable improvement. That this publication deserves the enthusiastic support of every member of the profession admits of no argument. It is the only periodical of standing in the scientific work we have. It deserves well at our hands and we trust that all will manifest a substantial interest in it.

CONCLUSION

In closing permit me to thank you for the generous support of the two years of my administration. In laying down the honor I do so with the kindest feeling for you all and trust that my successor may be as fortunate as I have been in receiving evidences of your hearty good will and unselfish co-operation.

Annual Address President Tennessee State Medical *Association

Members of the Tennessee Medical, Surgical, Dental, and Pharmaceutical Society: Ladies and Gentlemen:—On an occasion like this it is my first duty to say a word of appreciation.

To have been deemed worthy to occupy a position, which during the life of this association has been filled by men who have paved the way for the colored profession in Tennessee and have justly been, and are still, regarded as amongst the foremost in advancement of the medical science among our people in the Nation, is in itself no small distinction. But, the chief source of gratification in such preferment lies in the personal tribute it conveys. Formal words are always inadequate to express the deepest feeling. Therefore, let the sincerity of this simple acknowledgment of the high honor I feel, atone for all it lacks in grace and fervor, and believe me when I say that this medical association will never have a president more deeply sensible of the high honor of the office nor more genuinely appreciative of all that his elevation to it implies.

The purposes of medical organization among our people may be briefly catalogued as: To bring into one compact organization the entire medical profession of our state in all its alignments, which in turn will affiliate with other similar associations in other states to form the

National Medical Association with a view of extending medical research, raising the standard of medical education, securing the enactment of wise medical laws. The promotion of friendly intercourse among physicians, the guarding and fostering of their sentiment in regard to the problems of public health; with the end in view that the profession shall become more capable and honorable within itself, and more useful to the public in the prevention and cure of disease, and in prolonging and adding comfort to life. With such principles and purposes before us, is it not a wonder indeed that our meetings are not the most popular and most universally attended of any public gathering? And yet, how little interest we take is eloquently set forth by the absence of many doctors, dentists, and pharmacists who should be here today. Out of more than two hundred colored physicians engaged in the practice of medicine in the state today, there are scarcely more than fifty bonifide members of our state association. Why is this? There must be some explanation for the existence of such an anomalous condition among a people who along other lines take high rank for progressiveness and enlightenment. While primarily, of course, the cause of this deplorable state of affairs may be traced to the apathy of the individual members,

*Delivered by Dr. H. M. Green of Knoxville, Tenn., at Chattanooga, Tenn., June 20, 1911.

yet, I am further convinced that much of this lack of interest in the state association is due to lack of harmony in pure local societies; for I find where there exists an active and harmonious local or county society, we are sure to get a large and important delegation for our state meeting. The question then turns to local conditions as a foundation for our lack of interest in state and national meetings. During the past year I have made it a part of my duty to inquire as to the condition of our local societies, and frequently the questions have come to me, "Where should a local society exist; and of what value could a local society be?" In reply to the first query I would suggest that wherever there are more than one colored doctor there should be a local society. In reply to the second, I would say that there are many values attached to a local or county organization. First, there is its educational value. The great majority of colored physicians are general practitioners. In the nature of things must be, and they above all others, need to realize, that medical education is one of those never ending tasks to which the diploma is in reality only an introduction. So numerous and frequent are the additions of medical knowledge that what was taught on a given subject only a few years ago, is now ancient history. The medical society, with its frequent discussions of live subjects, with its exchange of ideas on subjects of everyday importance, is necessary to keep the practitioner abreast of the most

exalted profession practiced by human beings. The doctor who fails in this must sooner or later find himself relegated to the dumpheap of has-beens. Doctor Osler has well said, "Intellectual laziness is the killing vice of the doctor."

No physician should be content having done less than the best that his opportunities will allow. Justice to his patients, and the repose of his own conscience demand that he should know that he is doing the best that could be done in every case. Years of practice and extended experience are valuable assets only, when they are coupled with a well founded and constantly growing professional education. Especially apt in this connection is Pope's saying:—

"A little learning is a dangerous
thing,
Drink deep or taste not the Pierian
spring—

There shallow draughts intoxicate
the brain
And drinking deeply sobers us
again."

Aside from the educational value of local society there is a social value. It has always seemed to me that the bickerings and jealousies and bitter antagonisms for which our profession is so widely noted are due in the main to lack of personal acquaintance. Man for man the colored medical man will compare favorably in morals, generosity, amiability, nobility of character, and other desirable attributes, with men of other walks of life; yet, sad and pitiful to confess, in many localities

they dwell together in less accord than would become rival bulldogs. This is largely because they do not understand each other. There are many causes entering into this lack of understandings such as, tale-bearing patients and friends, jealousy at the invasion by another of the field which we consider our own, or the occasional shifting of a patient from one doctor to another, but these conditions are not sufficient to excuse the shortcoming, as any being of reasonable intelligence can readily see that bickerings are absolutely barren of any desirable results, and can only end in lowering the respect for all concerned. The disposition on the part of one physician to speak ill of another is so palpably erroneous that it should be sufficient to brand the offender as unfit for our noble calling, but the result to the offender himself is even more disastrous than to the one attacked, and this calls to mind a little poem I once read:—

“We scatter deeds with careless
 hands
And dream we ne’er shall see them
 more—

But for a thousand years
Their fruit appears
In weeds that mar the land
Or healthful shore.

The deeds we do, the words we
 say,
Into still air they seem to flee,
We count them ever past:
But they shall ever last.
In the judgment they
And we shall meet.”

Aside from the social reasons for a

local society, there are well established business reasons for its existence. Every other business trade, as well as profession, in your community is organized. Even the midwives and undertakers have an understanding, and know one from another who the dead-beats are; then why should not the physicians combine for mutual protection? There are other numerous benefits to be derived from local association of doctors, which apply more or less to the physicians themselves but of far greater importance is the work of enlightening the public on methods of preventing disease. In certain states I am told that the local societies hold public meetings in the churches at which some physician delivers an address on some phase of preventative medicine. Such a course cannot fail to result in much good and might well be imitated by local societies in our state. I have noted with much pleasure, the work being done by the white profession along the lines of public instruction with regard to public hygiene and sanitation. These people have had centuries of education along this line, and if they at this late date find it necessary to thus instruct their people in the art of keeping well, how much greater must be the needs of our people who are only forty-five years removed from the voodoo doctor and among whom the herb vender and patent medicine man flourisheth even as doth the green bay tree.

The Negro doctor has been a tremendous success from a finan-

cial standpoint, and his meteoric flight into the etherial heights of medicine and surgery are marvelous in the extreme. The world stands in awe at the rapidity with which we have overhauled the foremost men in our profession among the white race, while our grasp upon the public confidence is one of the wonders of the age. We rejoice, and rightfully, in the achievements of our men, both individually and collectively. And, while I would not for the world dull the brilliancy of these achievements, nor for a moment assume the role of lecturer or critic, yet I feel that it is our duty at this time to consider well the conditions that confront us as a profession.

The public does and has a right to expect of us that we go forward. That we be not only abreast of the times, using the most modern implements in the war against disease, but that we find for ourselves new methods of attack. It is not enough that we know the latest discoveries of the French, the German, or the Welch, but that we make new discoveries and give to the world new thought, new practice and new results. The observations of disease among our people made by men who little understand their environment and mode of living, are necessarily incomplete and in a way misleading, and it becomes our professional duty to make these observations, deductions, and descriptions with a full knowledge of all that is peculiar to the people with whom we work. The last decade has been an almost

complete revolution of thought regarding tuberculosis in this country. Ignorance and prejudice are trying to fasten upon the Negro race the whole responsibility for the existence of the white plague in the United States. It is the common opinion in many sections that the Negro is a walking incubator of tubercular bacilli and that to come into proximity with him is to expose one's self to a deadly contagion.

It is easy to see the result of this fallacious teaching. Negro barbers, waiters, cooks, and domestics generally, once so important a part of racial progressives, are rapidly being eliminated as an earning force largely due to the existence of this unreasonable prejudice, the result of ignorance on the part of observers and writers on disease among the Negro.

It is not to be denied that many of our people succumb to consumption, but it is not a fact that every lean and cadaverous colored man is a boarding house for the bacillus of Koch, nor that fifty per cent. of the Negroes who die succumb to consumption. It is our indispensable duty to thoroughly investigate the existence of consumption among our people. Find, if possible, the real cause of its prevalence, teach them how to shun it, and when possible effect a cure. And our further duty is equally important, that we give to the world the true facts in the case and stop as far as we may this wild speculation which is doing so much to deprive our people of certain means of earning a living.

Another disease which has and is still playing the part of a fell destroyer among the Negro citizenship and which is not given the consideration its importance demands, is syphilis.

It is an open secret that a large per cent. of colored doctors fail to grasp the real situation as syphilographers, and as a result many cases falling into our hands are misdiagnosed, and when treated at all, in a very ineffective way; the result is that thousands of our people die annually from some form of syphilis. The public is woefully ignorant of the working of this loathsome disease and their ignorance coupled with the lethargy of our general practitioners enables every city to produce and maintain a healthy corps of herb venders and root doctors who flourish most luxuriantly in vicinities where Negroes and ignorant whites make their homes. It is our duty to know more about syphilis and educate our people to the importance of proper treatment of this very dangerous scourge of the human family.

Again I have watched with interest the work of the National Pellagra Commission, one of the most active members of which is a prominent member of our association. I cannot commend too highly the work of Doctor A. M. Townsend and his commission in this connection. It is largely through their activities that many of us have had our attention directed to this dangerous and rapidly spreading malady, and I predict that the next few years will see pellagra robbed of its reputation as

certain death, and numbered among the curable diseases of our time, and much credit will be due to the activities of this commission.

The work of this commission, together with the demand for activities in connection with diseases just discussed, leads me to make the following recommendations:

First, That there be appointed a State Tuberculosis Commission to consist of three doctors, one from each grand division of the state, whose duty it shall be to make a careful study of tuberculosis among Negroes, ascertaining, as far as may be, the facts concerning its prevalence among them, its cause and mortality. This same commission to have charge of a campaign of education with a view of teaching the public through lectures or any other method of enlightening them as to the danger, modes of prevention, etc.

Second,—I would also recommend that this body appoint a commission on syphilis. This commission to consist of three, appointed one from each grand division of the state. It to be their duty to study syphilis among our people with reference to its prevalence and to use whatever method they think best for awakening an interest among both physicians and laity in this oldest of human scourges.

Third,—So well pleased am I with the work of the National Pellagra Commission that I would recommend a state commission selected in same manner as the ones just mentioned with the same scope and object as the National Commission.

I would further recommend in this connection that these commissions be further charged with giving to this organization a report of their findings that the world may know the true facts regarding disease among our people.

In the beginning of this address it was set out as part of our duty to raise the standard of medical education and secure the enactment of wise medical laws.

In this connection, I wish to call your attention to the imperative need of a higher standard of medical education in our state. There was a time when the rarity of colored physicians coupled with the need of medical aid among the poor and recently emancipated Negroes of the South, in a measure, justified the custom of laxness in requirements for the degree of doctor of medicine. But without any reflection on any one, I wish to most emphatically state that no such condition now exists nor the slightest shadow of a reason for graduating from any medical college men whose preliminary education is not sufficient to enable them to grasp fully the principles of scientific medicine as taught today.

In view of these facts, I would suggest that we would recommend that fewer medical colleges, with better facilities and much higher entrance requirements, would be in line with reason as based upon conditions now existing.

Our state law of practice has in my opinion long since outlived its usefulness, and I would suggest that we recommend its revision to the ex-

tent that a license to practice medicine granted by the state of Tennessee will meet the requirements for reciprocity in any state in the Union.

At our last annual meeting it was recommended that the various departments of our association assume separate organizations which shall affiliate in one general federation. I think this an excellent idea and hope to see this recommendation become a part of our organic law; and in this connection I wish to recommend to this body that another branch or associated profession be invited to become a part of us under this same plan of federation—I refer to the Trained or Registered Nurses Association. We cannot do too much to encourage this finer part of our professional being to spread out, organize, and become the active and useful part of our professional life that they are in our social and practical ones.

You will note, gentlemen, that some of these recommendations are suggestive of state legislation of a rather revolutionary character, but I am persuaded that it is within the province of this body to recommend and urge whatever is best for our people. This representative body of men, who so generally lay down their lucrative practice and assemble here for the public good, are justly entitled to speak for our people on matters of this kind. I believe that we will be heard and if we can present an unbroken front for any cause, it will presage success for that cause. Our first duty then is to be one in fact as we are in name. Let us

lay aside all personal and factional animosities and work for better days and better things. Let our discussions be free from bitterness and our communion free from strife; then in spirit as in name let us:

In another yearly meet
Here again each other greet
In communion.
And may each assembled here
Enter debates with willing cheer
In true union.
And when parting time shall come
And we each hie to our home
There may we tell
How that every single word
From which other lips we heard
Did help us well.
Yes, we have in our possession,
As true men of great profession
Success' key.
We may rise to any height;
By the use of skill and right;
Just do and be.
If for once or twice we've failed
Think how often we prevailed
And try again.
Never let our courage lag,

Nor our great profession drag
"Quit us like men."
And if things don't go our way
Toil the harder day by day,
From sun to sun.
If we never duty shirk
Success will surely crown our work,
In the long run.
What men of other races be
I ask in heaven's name can't we?
But watch the crooks.
Yet we can't stand idly by
"Up and doing" is the cry;
And mind our books.
God has made of equal mind
All the races of mankind,
Him it did please.
He will give to us the power
To win out in darkest hour
O'er all disease.
As your humble president
I urge you, be your intent
Although unsaid,
To scale the Alps with purpose true
And when the search be made for
you
Be found ahead.

H. M. G.

Comment on The Journal

I find great pleasure and profit in the Journal, and devour it as soon as it reaches me.

Sincerely yours,
(Signed) R. L. JONES, M. D.,
Charleston, W. Va.

The Value of X Rays

By CLAUDIUS D. BELL, Ph. G., M. D., Director of Electro-therapeutics and Instructor in Materia Medica to Provident Hospital, Chicago, Illinois

The unique results following the introduction of Roentgen ray energy as a diagnostic and therapeutic agent, led to its universal adaptation by physicians, many of whom had no conception of the nature of its energy.

When, however, disastrous results became common among patients and operators alike, in its therapeutic use, and particularly when these led to fatalities, a general fear was engendered which retarded the growth of X-ray therapy. Although considerable advancement has been made, as regards to dosage and general treatment, too little consideration has been given to its physiological and therapeutic properties. All efforts in acquainting oneself in the latter direction, will tend to settle many of the X-ray mysteries; explain the radically different results obtained; dispel the present public fear of X-ray treatment and place Roentgen ray therapy on a more scientific basis.

Radiant energy, just as chemical, mechanical, electrical and heat energy has four distinct therapeutic properties—as a sedative, stimulant, irritant, and escharotic. While most mistakes can be summed up in one word, *overdose*, recent experimentations shows that this was the natural and unavoidable consequence following the universal custom of administering the rays continuously. Although the primary action of a con-

tinuous exposure is that of a stimulant, in the absence of both subjective and objective perceptibility, it passes to that of an irritant and finally to that of an escharotic. Even in the hands of cautious and skilled operators, regenerative influences are short lived, and when unskillfully handled the treatment generally results in degenerative tissue changes.

IN THERAPEUTICS

The rays are selective in their action. Their effect upon the healthy skin, in correct application, is limited to the increase of the pigment in the deeper layers. In pathological conditions the rays lead to thrombosis of the smaller capillaries; to degeneration of the abnormal cells in the endothelium of the blood vessels, and to the gradual diminution of the diseased tissues by interfering with their nutrition.

The advantages of X-rays are manifold. In the first place, they are especially promising in the cases of some, otherwise, incurable diseases, and of very disfiguring skin affections, while their application in these cases is accompanied with no pain and practically no discomfort to the patient.

Among some of the other diseases the most favorably affected by the rays, is sycosis, both simple and parasitic. Some writers say that not a single case of this affection has been

reported that has not been cured or at least markedly improved by these rays. Such conditions as folliculitis, acne-vulgaris, favus, trichophytosis, lypartrichosis, eczema, lupus, rodent ulcer, and superficial malignant tumors are all, in a measure, open to the influence of the rays.

Still more important results are obtained in the treatment of blood diseases such as leukemia and in the obscure group gathered under the name "pseudo"—leukemia which, though very obstinate under many other treatments, shows marked improvements when the X-rays are used. Although final cures have not been obtained in many of these conditions by any means at our command, the X-rays have offered relief when nothing else would.

MEDICO-LEGAL ASPECT

The legal profession now look upon the X-ray operator as one of the most important expert witnesses at court, presenting as he does his skiagram, the mute but unquestionable proof of the case in question, to the jury. Absolutely no knowledge of medicine is needed, for there is

the tangible evidence before their very eyes, the gap; the displacement; or the splinters of a fractured bone, and again the mal-position of an improperly treated case. Bullets and all foreign bodies especially metals, are easily recognizable by the darker shadows.

The laity are becoming so well educated along this line, that they look with suspicion upon the doctor who fails to use this means to confirm his diagnosis, and many instances are recorded where bad results are obtained from neglect of this sort and the patient gets judgment through the courts on the grounds that the doctor was guilty of mal-practice for failing to use this process in the treatment of a fracture.

In the case of a fracture or any bone lesion, a picture should be taken before and after treatment, the latter to prove that the results are the best obtainable under the conditions.

The accompanying cuts though far from being as clear or perfect as the original plates, will serve to show the inestimable value of the X-ray.

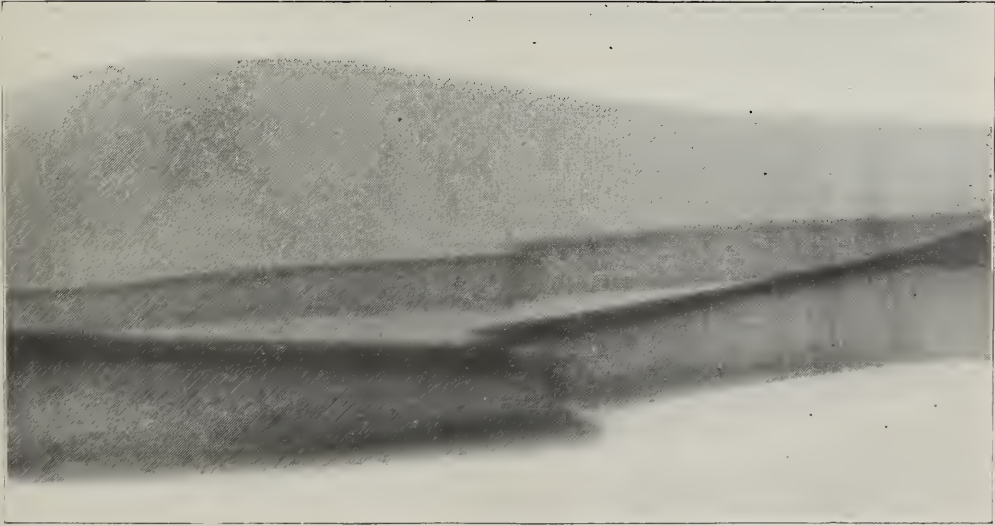
Death From Bromo-Seltzer

The question is frequently asked, is bromo-seltzer a harmless remedy for headache? The answer is, unquestionably, no. The Journal of the American Medical Association has reported a case in which death occurred as the results of a dose of bromo-seltzer taken for the relief of headache. In this particular case the heart was doubtless already weak from repeated doses of the drug which had been previously taken, and a slight overdose produced fatal results.

Any drug a slight overdose of which will produce death is a dangerous drug to use habitually or otherwise than under the closest medical supervision. Such drugs are, in fact, seldom if ever required. Bromo-seltzer contains acetanilid, one of the most deadly of coal-tar products because of its paralyzing effect upon the heart. A person suffering from headache should ascertain the cause and relieve the headache by removing the cause rather than by the swallowing of a drug.—Exchange.



Normal Hand of
Dr. Booker Washington



Complete Fracture of Both
Bones of Lower Leg



Syphilitic Ex Ostosis of the Knee.
Treated for 3 years by Local
Physicians for Rheumatism.



Peri Bronchial Glands in an In-
fant 4 months old. Dr. Grulee's
Clinic.

Report of Examinations for Hookworm and Other Intestinal Parasites

*By J. D. FOWLER, M. D., Chattanooga, Tenn.

The physician, as every man, owes a part of his time and talent toward the increase of capitalized knowledge and the advancement of scientific truth.

Truth has made us free—free from our prejudice and personal feeling and put us upon a higher plane of life where reason and intellect predominate.

It was more than two years ago since I became stimulated to ferret out the truth and thus be able to intelligently conclude concerning one of the greatest problems that confronts the American physician and one which indirectly affects the whole Southern commonwealth.

I have been interested in this subject first from a scientific standpoint; and, secondly, because the disease indirectly affects a people with whom I am primarily identified.

The work which I have attempted to do represents a great sacrifice of time and energy, but the results have richly repaid me.

The investigation has covered about three months, and during that time 3,189 patients have been examined.

We have examined the feces from public schools, colleges and factories in various parts of Middle Tennessee where several hundred pupils would use the same toilet—thus proceeding upon the hypothesis that all the

contents of the toilet would be polluted in case there were hookworms, as Dr. Stiles thinks is always true.

The specimens for examination were in every case collected from several different parts of the toilet after being thoroughly stirred and there were at least five or six examinations from each specimen.

The work has been done in the experimental laboratory of Meharry Medical College under the supervision of Prof. J. H. Holman.

580 whites and 2,609 Negroes were examined and of the 3,189 examined, 2,983 were infected, or 93%, either with the lumbricoides, trichocephalus dispar or the strongyloides.

The ascaris lumbricoides which we have found responsible for 64.5% of the infection is the most frequent parasite of man, and may be found in all parts of the world. The body of this worm is elongated, spindle shaped. The posterior end of the male is conical and curved ventrically in the form of a hook. The spiculum is long, curved and somewhat spread out on its free end and the cloacal opening is surrounded by 75 papillae. The worm measures from 15 to 20 cm. in length and about 3 mm. in diameter.

The female is the longer worm and has its posterior end conical and straight with the vulva at the junction of the anterior and middle third

*Read before Volunteer State Med. and Surgical Society, Chattanooga, Tenn., June 22, '11

of the body. The female is 20 to 40 cm. long and about 5 mm. thick.

The eggs are elliptical with a thick transparent shell and external coating which forms protuberances and they are not very numerous.

The usual method of infection is for the egg to develop in the water until the embryo reaches a certain period of development and then be taken into the body with the drinking water or food, but Wood thinks they may develop in the intestines if they can escape the action of the gastric juice. The worm generally inhabits the small intestines and may be the cause of anemia and obstruct the bile duct and cause jaundice and even be responsible for appendicitis.

The morphology is so characteristic that it could not be mistaken for hookworm. The hookworm is a more slender worm and the male is about 8 to 10 mm. long and .4 to .5 mm. wide while the female is longer, measuring 9 to 11 mm. in length and .4 to .45 mm. in diameter.

I have been able to exclude hookworm in every case because of an absence of the egg which is the only positive diagnosis of *uncinaria Americana*. 918 cases or 30.4% of the number examined were infected with the *trichocephalus dispar*.

This is a small worm. The male measures about 40 to 45 mm. in length and the female 45 to 50 mm. long. The anterior half of the body tapers into a long filament. The eggs of this parasite differ sharply from the eggs of the other

nematodes as on each end or pole of the egg there is a small projection which is lighter in color than the rest of the rather dark brown shell. The development of the egg is completed in water or moist soil. The eggs and larvae possess great powers of resistance, and it is said that they may live as long as five years in the egg shell without losing their vitality.

I examined a number of specimens of water in an alley that had evidently been contaminated by the toilets. One specimen taken from near a particular toilet showed the *trichocephalus dispar*; and on examining a specimen taken from the toilet itself, the *trichocephalus* was found to be present. Upon further investigation, I found that two of the children who were accustomed to use this toilet attended a certain school. I examined a specimen of feces from this school and found that it was impregnated with this same parasite.

The infection of the human host takes place through the food which has been contaminated by the egg. The worm reaches its full development about one month after the eggs are swallowed. The mature parasite generally inhabits the caecum and appendix, usually in small numbers and do not as a rule give rise to any symptoms. They are abundant throughout Europe and are met with in England and Ireland among the lower classes of population and are found quite frequently in the coal districts of the United States. 139 cases were infected with the

strongyloides. It appears that this parasite is found principally in China and is not very prevalent in this country.

This is a very slim worm—cuticle is finely transversely striated—mouth is surrounded by four hooks or lips. The body of the male is cylindrical, mouth smooth and somewhat slender at the anterior extremity and pointed at the tail. They measure 0.7 to .035 mm. and carry the posterior end curled up. Females 1.0 mm. in length. The tail end is pointed and straight.

The eggs are seldom found in the stool unless there is active diarrhea. They are oval and are surrounded

by a clear yellow shell within which can be seen the segmenting embryo.

A number of suspected cases were examined and in every case one of the three worms just described was present.

I have had specimens of hookworm and eggs for differential diagnosis, and so far as my investigation went, it is a clear case that the *Uncinaria Americana* does not exist to the extent as it is supposed among the Negroes.

My diagnosis has not only been confirmed by my immediate associates, but the bacteriologist of Vanderbilt University has acquiesced in the diagnosis.

Report of Case of Pellagra

By DR. WILLIAM WALLACE, Shreveport, Louisiana

E. S. Female. Aged 22. Married. Came under observation May 21, 1911, with history of having had syphilis 3 years ago. Mother and father living. Illness began February, 1911. Eruption appeared on hands one month later. Close questioning showed that the patient had been feeling bad before taking to bed. Habitation on low and swampy ground. Eats a great deal of corn bread.

SYMPTOMS—Complains of depression and giddiness, headache, inability to sleep, fear, uncertain gait, and very irritable. Fair appetite, and insatiable thirst. Gastric soreness, nausea and very sallow complexion; anxious expression and very bloody diarrhea. Immense quantity of thick saliva continues to exude from mouth.

Menstruation ceased after eruption appeared. Vaginitis is very severe, with a muco-purulent discharge. Tem. 101, Pulse 100.

ERUPTION: Unprotected parts of body have peculiar rash symmetrically arranged, has a thickened condition

of epidermis resembling smoked beef. The tip and edges of the tongue present a beefy appearance, gums sore. The profuse salivation and diarrhea seemed to go together. Some days scarcely any saliva secreted. At the same time the bowels may not act more than twice or three times, indicating that the tract is inflamed throughout.

TREATMENT: Symptomatic. To control diarrhea, Dover's powder, Bismuth Subnitrate, and Bismuth Beta naphthol, which acts nicely at times.

At certain stages nothing seems to check the secretion of mucous membrane.

Atropin acted very well in checking salivation; for the insomnia and nervous troubles the Bromides act nicely.

Fowler's solution is given internally and an ointment composed of Ichthyol, Zinc Oxide, and Lanolin used.

I see the patient every morning, and give an injection of Succinide of Mercury. At present she is improving slowly.

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THIS cut represents the official emblem of our organization. It is made in rolled plate quality hard enameled with blue back-ground and costs seventy-five cents and one dollar. Each member is requested to purchase one. It may be procured from the General Secretary on receipt of price.

Medical Organization

“AM I my brother’s keeper?” is a question that has echoed through human consciousness since man first learned to think. The index to a man’s civilization is his answer to that question. Altruism, possibly born of mother-love, is the finest product of civilization. Even-handed justice is a slow-evolving concomitant of human society. The eighteenth century of the Christian era discovered that the individual man did have some rights. The nineteenth century did the same thing for women, and the twentieth century bids fair to accomplish it for the child.

But men often know what is true without doing what is right. The same men that declared that “Life, liberty and the pursuit of happiness were inalienable rights” and pledged their lives, their property and their sacred honor in vindication thereof, also adopted a Constitution sanctioning human slavery and paved the way for their descendants to fight a bloody civil war to test the validity of that ancient decree.

“In the sweat of thy brow shalt thou eat bread.”

What century will see Man’s KNOWLEDGE OF RIGHT crystalized

into EQUITY OF CONDUCT—The Golden Rule become flesh and dwell among us—I know not; but as “coming events cast their shadows before,” so the social activities of today indicate better conditions of human life for tomorrow. The golden age of human life lies before us and not behind us.

Medical Education

THE tendency to eliminate the inefficient and inadequate medical colleges is a step toward better things for the medical profession in particular and mankind in general. We have too many doctors. The inevitable result of over-crowding is lessened compensation and lowered ideals. In the struggles for bread altruism has no place.

The remedy for all this is higher educational standard, and closer union among the members of the medical profession. What the medical profession needs is more co-operation and less competition.

The fight the A. M. A. is making to raise the professional standards deserves the earnest support of the profession everywhere.

Auto-Infection of the Tuberculous

SELFISHNESS is one of the wellsprings of human action. A properly timed appeal to selfishness never fails to elicit interest. Hence it is a weapon to be used in a good cause as well as a bad one.

Why not invoke its assistance in the crusade against the “great white plague?” A careful explanation of the dangers of auto-infection—of a patient continually re-infecting himself—and thus lessening his own chances of recovery—in fact making sure of the contrary—such an appeal would be more effective in causing the tubercular victim to be cautious about scattering the bacilli than the purely altruistic appeal not to infect the other fellow. The warfare against disease should be fought in the interest of the sick as well as the healthy.

Longevity

LENGTH of days has ever been a desideratum of mankind and perpetual youth has been the ceaseless quest since history first began, but the metes and bounds of human life seem to be immovably fixed.

“While dietetic and hygienic progress, not to mention the actual improvement in therapeutics, have within the memory of men in active practice, materially diminished the aggregate mortality and increased the average longevity of our people, it is said that insurance actuaries find that the mortality for advanced ages has considerably increased and that the expectation of life at almost any adult age, is less than formerly.”

The iconoclastic march of modern science has erased many landmarks of ancient wisdom, but the observation of Moses is as true at the close of the second millenium of the Christian era as when Isaiah sought freedom in the Promised Land.

"The days of our years are three score years and ten, and if by reason of strength they be four score years yet is there strength, labor and sorrow; for it is soon cut off, and we fly away."

WE cordially commend the following editorial from the Texas State Journal of Medicine.

Our Advertisers are entitled to your consideration. They have paid for it and should have it. We do not mean that you are obligated to buy from them; you could not afford to sell such an obligation. But when you are in need of accommodation offered through the advertising columns of your own Journal, it is little to expect of you that you give proper consideration to the claims of your patrons. These advertisers are your patrons because the Journal is your property. The Trustees are able to furnish you with just such a publication as the advertisements will warrant; the subscription price of few medical journals will support a very extensive publication. We have been enjoying a very liberal advertising patronage, and we believe our advertisers are pleased with results; but we would like to extend our business still further in that respect, and so urge a reciprocal spirit. We guard the interest of our readers in our advertising pages with the same care that we do in our reading pages, and no unethical nostrums or institutions, catch-penny schemes or fakes of any description may find lodgment there if we know it. We make every effort to determine the ethical standing and business probity of every concern with which we make contract for advertising. How often is this fact brought to the attention of retail men who visit your office? We will, from time to time, publish an index to advertisers. It would look well tacked over your desk, and would help us some if placed there.

Funerals

THE power of knowledge is never more manifest than when it gives its possessor the ability to co-operate with the inevitable. Nothing is more pitiable than to see a supposedly rational being seeking the impossible and bemoaning the inevitable. Rev. Dr. W. H. Brooks of St. Mark's church, New York, deserves the thanks and support of the medical profession in his efforts to have our people exhibit more self-control and rationality at funerals. Death is the inevitable sequence of life and should be accepted with resignation and calmness by intelligent people. This applies with peculiar force to those that profess a belief in the glorious resurrection. The physician's duty is urgent in the tutelage of the people in this matter. Let every reader of the Journal do his full share in teaching our people the beauty and utility of self-control. Excessive grief over the sorrows of life is

weakness if not positive immorality. What cannot be cured must be endured.

“Things without remedy should be without regard;
What is done is done.”

“For every evil under the sun,
There is a remedy, or there is none.
If there is one, try to find it,
If there is none, never mind it.”

An Old Problem

THE relation of the sexes is one of the oldest of human problems, and seems to grow more complex with the advance of civilization. Ethics, religion and medicine seem inextricably mixed, being equally unable to offer a solution or unite upon any ameliorating program. Are celibacy and prostitution inevitable concomitants of monogamy? Polygamy, polyandry and free love are the alternatives that human experience have thus far offered; but civilization has regarded these remedies as worse than the disease, and has continued to seek a way to balance sexual life and make prostitution impossible and celibacy tolerable, if not desirable.

The editor of Collier's follows this age-long lead in the following editorial:

AGREED UPON

Three reports are before us as we write. One from the Police Commissioner of Boston, one from the Committee of Fourteen in New York, and one from the Mayor's Vice Commission of Chicago. Each is the semi-official expression, after thorough investigation, of organized thought. There is fundamental agreement in spite of varying local conditions. They agreed that nineteen separate and distinct individuals prey for money on the earnings of the "outcast," and that harm is done by the superficial raiding, crusading, denunciation, and misguided tactics of fanatics. They are further agreed on the need for sternly repressive measures for overt vice; of wise and widely spread medical knowledge of social disease among adults, and of sound, thorough education of the young in sex hygiene; of strong enforcement of individual responsibility; of "living wages" for girls employed in industry, and of protection to their hours and working conditions. It is entirely possible to separate the saloon from its rear room and hotel features. It is possible to demand a living wage for factory girls and department-store girls, and to legislate night work by women out of existence.

"Male and female made He them." Sparta fell because of the predominance of the male element. Everything was sacrificed to courage and patriotism. Athens fell because of the final domination of the female (Hatera) element. A proper balance of the sexes is the only safe basis for society. "Male and female made He them."

Is not the proper balance of the sexes a medical as well as a social problem? What have our readers to say about it?

SKETCHES FROM LIFE

"A tale should be judicious, clear, succinct;
The language plain, and incidents well linked;
Tell not as new, what everybody knows,
And, new or old, still hasten to a close;
There, centering in a focus round and neat,
Let all your rays of information meet."

Bobby on Doctors

doctors is the men that maiks it cost so much to be sick or to die, when you git sick then you are in bed and then your foaks say Well i guess we will have to send for the doctor, but none of them want the doctor to come until you have to have him or die and then you die sometimes anyhow.

there is a good many kinds of doctors, doctors that charge a good deel and also some that charge lots more. then there is horse doctors that doant charge so much but thay moast always have better luck with thare pashents.

if i get to be a man i think i will be a doctor. then foaks will call me Doc and hand me thare munny & that will be better than being one of the foaks and giving some other doctor my munny.—Milwaukee Sentinel.

His Profession

A passing stranger was attracted by frightful screams coming from a little house not far from the road. Hurriedly tying his horse, he ran to the house and found out that a little boy had swallowed a quarter, and his mother, not knowing what to do, had become frantic. The stranger caught the little fellow by his heels and, holding him up, gave him a few shakes, whereupon the quarter soon dropped to the floor.

"Well, mister," said the grateful mother, "You cert'n'y knowed how to get it out. Air you a doctor?"

"No madam," replied the stranger; "I'm a collector of internal revenue."

Satisfactorily Arranged

"I believe," said the young physician, "that bad cooks supply us with half our patients."

"That's right," rejoined the old doctor. "And good cooks supply us with the other half."

Schoolboy Wisdom

Among a collection of samples of school-boy guesses, compiled from compositions and examination papers by an English teacher, are the following:

Chivalry is when you feel cold.

A thermometer is a short glass tube that regulates the weather.

An axiom is a thing that is so visible that it is not necessary to see it.

Things which are equal to other things are equal to one another.

The zenith is a quadruped living in the interior of Africa.

If care is not taken with dusty corners, microscopes will breed there.

Queen Elizabeth's face was thin and pale, but she was a stout Protestant.

An abstract noun is the name of something which does not exist, such as goodness.—Medical Brief,

Persistent Optimism

"By th' powers, it's born lucky I am!"

"Phwy do y' think so?"

"I was sit by a automobile just as I was startin' f'r th' shop this mornin'. It made me stagger, an' a cop pinched me for bein' dhrunk. I wor blowed 50 feet high be a

premachoor blast. When I come home Duggan's goat butted me into th' house, an' th' ould woman wor layin' fer me wid a rollin' pin!"

"An, in th' name av th' saints, do yez call that lucky?"

"Sure! Ain't I alive this mornin'?—Toledo Blade.

His Choice

Judge—You are privileged to challenge any member of the jury now being impealed.

"Well, then, yer honor, Oi'll foight the shmall mon wid wan eye, in the corner, there ferninst yez."—Metropolitan Magazine.

"Doctor," said the sick man, "I'm afraid my nerves are in bad condition." "Oh, no," replied the physician, "that's not what is the matter with you. The fact that you have sent for me after ignoring the statements I've been sending you regularly during the past year and a half indicates that your nerve's all right."—Chicago Record-Herald.

Doctors' Charges

While making some professional calls in a sparsely settled district, I came upon a little, plump, rosy-cheeked girl, trudging toward home, with her slate and dinner pail in her hand. I asked her to ride with me. I could see that she was a very timid child, and efforts to engage her in conversation were unavailing. She would meekly answer "Yes" or "No," but not another word would she speak. A few weeks later I was called to the little girl's home to attend another member of the family for a slight ailment. When about to leave, the mother spoke up smiling, and said: "Do you remember my little girl riding with you a few weeks ago? Well, when she got home she said, 'Mamma, I rode from school with the doctor, and he kept talking with me and talking with me and I just didn't know what to do, for you know doctors charge you when you talk with them, and I didn't have any money.'"—National Monthly.

He Missed It

A small boy from town was spending a few days in the country. One morning he heard the grown folks complaining of having been kept awake the night before by a skunk.

Willie burst into tears. "Why, Willie, what's the matter?" the fond mother inquired.

"Why dind't some one wake me up?" he blubbered. "I never smelled a skunk in all my life."—Metropolitan Magazine.

Life of a Joke

I am born. My creator chuckles, slaps himself on the knee, roars and calls his wife. Am read to the author's wife. She smiles, kisses him and wants to know how much he thinks I will bring. I start on a journey. Am read by an editor. He laughs and reads me to the office staff. My creator gets a check and more kisses from his wife.

I appear in print. Thousands read me and laugh over me. The editor gets many new subscribers. Reader tells me on the street and gets a cigar. Tells me again and is invited out to lunch. Newspaper copies me and also gets new subscribers. Comedian cracks me on a stage in a musical hall turn and makes a hit.

Politician uses me in a speech, claiming I happened back in his boyhood, and gets elected. Lecturer uses me on platform and gets return date. Minister works me in sermon for illustration and gets call to other town with higher salary.

Am worked to death. Everybody, everywhere uses me, in season and out of season. I become a chestnut. A new generation comes on and I am forgotten.

Fifty years pass by. I am resurrected from an attic. Am cut out and started on another journey.—Tit Bits.

Professor Gunning, lecturer and geologist when in Florida, was looked upon as dangerous.

"Why," said the son of a preacher, "they say he is a Darwiner."

"Oh," answered Gunning's friend,

"he's worse than that—he's an evolutionist!"

"My God!" exclaimed the man, "does he practice it?"—Chicago Daily Socialist.

In Lieu of the Dime

When a country doctor in Maryland arrived at a certain patient's house he found the man in a comatose condition, a circumstance that necessitated several hours of restorative labor.

"How did this happen?" demanded the doctor, when the trouble was over. "Did you give him the powder I left?"

"Yes sir," responded the tearful wife.

"As much as would go on a dime and no more?"

"Yes, sir, we done just like you said. That is, we couldn't find no dime. So I shook a nickel and five cents out of Billy's bank and gave him just what they would carry."—Harper's Magazine.

Real Guilty Party

"Who signed Magna Charta?" asked the school inspector, thunderously, says the Housekeeper.

The village class sat mute.

"Who signed Magna Charta?" roared the inspector again.

"P-please sir," walled little Billy Smith, "it worn't me."

The inspector snorted. The class was the most ignorant it had ever been his lot to examine. He strode from the room and outside met the school-mistress. Angrily he narrated the last incident.

"Who d'oe say said that, sir?" queried the mistress.

"William Smith," snorted the inspector. "Bill Smith," repeated the teacher. "Then don't yer believe 'im, sir. 'E's the biggest liar here. Yer may take my word fer it, 'e done it."—Tennessean and American.

The Budding Booms

Make room! Make room!

For the Presidential boom!

They come in proper season as the flow'rets sweetly bloom;

Some so shy and some so flaunting,

Some so delicately haunting

That they linger thru the gloom

Like the ghost of a perfume.

Some are sad and some are sunny;

Some are grave and some are funny;

Some are modest, drooping low

'Neath belated drifts of snow;

But the shapes that they assume

Mostly meet a common doom,

Desiccated and ill fated,

Laid upon ambition's tomb;

And what greets you thru the gloom

Is the ghost of a perfume.

—Washington Star.

A small boy, who had been told by his aunt that God made Adam and wife out of rib which he took from the side of the first man, complained soon after of not feeling well.

"What is the matter with you?" inquired his relative.

"I've got such a pain in my side," was the reply: "I think I must be going to have a wife."

Death Rate of Physicians During 1910

The Journal of the American Medical Association reports the death of 2,324 physicians during 1910 in the United States and Canada. The Journal remarks: Reckoning on a conservative estimate of 137,000 physicians, this is equivalent to an annual death-rate of 16.96 per 1,000. The age of death varied from 22 to 97, with an average of 59 years, 11 months and 4 days. The

general average since 1902 is 59 years, 5 months, and 28 days. The number of years of practice varied from 1 to 72, the average being 32 years, 8 months, and 9 days. The general average for the past six years is 31 years, 5 months, and 29 days. The chief death causes in the order named were 'heart disease,' cerebral hemorrhage, pneumonia, violence, and nephritis."

Of Interest to Pharmacists

Miss Evelyn G. Houston Phar. D. of Howard University School of Pharmacy, who has so acceptably filled the position of pharmacist at the Tuskegee Institute Hospital for the past three years, has resigned her position. Miss Houston contemplates taking up duties elsewhere, possibly in the far Northwest. She has been succeeded by Miss H. B. S Marble of the Pharmaceutical School, Meharry Medical College, Class 1906.

The Yancey Brothers of North Carolina are holding "quizzes" this summer for applicants for the North Carolina Examining Board. These young men are making splendid records in the Old North State, and we are pleased to note the success and appreciation with which their efforts have been crowned.

Charlotte, N. C., proudly boasts of four beautiful and well appointed drug stores.

Dr. J. L. Eagles of the Eagles Pharmacy will discuss the business side of pharmacy at the Sectional meeting of N. M. A.

Dr. Wm. Board of the drug firm of Board & McGuire, Washington, D. C., delivered the alumni address at Wilberforce in June.

Dr. Wm. H. Barlow of the Tide-Water Pharmacy, Berkley, Va., has purchased the drug store of Foreman & Whittaker, Newport News,

Va. The same is known now as Barlow's Cut Rate Pharmacy.

The North Carolina State Medical, Pharmaceutical and Dental Association held their annual meeting in Durham, N. C. Subjects of interest to the pharmacists were most heartily entered into by all present. The most cordial and close business relations exist between the doctors and pharmacists of this state.

To the Pharmacists

As each succeeding National Medical Association meeting passes into history, the truth becomes more and more pronounced that every pharmacist and those of allied pursuits should rally to this movement and make it in the near future one of unparalleled success. Since the foundation of the Association upon so liberal a basis as to include others than the physician, the opportunity has been ripe for rapid advances along all lines.

It is now a well established fact that the National Medical Association is one of vast benefit to the colored profession throughout the country, and a special appeal is made at this time to all pharmacists, and those following manufacturing and allied pursuits to become active members. The necessity has never been so great as now, when this movement is assuming larger proportions, for the hearty support of all connected with the practice of medicine.

It is evident that the physician and pharmacist must go hand in hand in order to accomplish the broad aims for which such an association has been founded. It is therefore quite right and proper that every effort should be made on the part of each for mutual support and a consequent increase in its numerical strength, until in fact, every physician and pharmacist of color in the land shall be enrolled as a staunch and active member.

Seeing how broad and how far-reaching are the purposes and objects of this movement; knowing how vast will be the benefit to all concerned in this crusade for a stronger union, so made because of keener application and more enthusiastic support of each member; let not this

the last notice before the meeting of the Association in Hampton, go unheeded by you, but hasten to take the proper steps to assure your membership in what we aim to make the greatest association in the world. By so doing you may have a personal and active interest in the program mapped out by the Committee for that period.

To facilitate the enrollment of new members, write me at once for applications so that the same may be filled out properly and duly registered before the meeting. I trust that you will see the importance of this appeal and respond immediately.

Very truly yours,

Mrs. J. P. H. Coleman,

Pharmaceutical Secretary.

One-Sentence Health Sermons

In a few simple, one-sentence sermons, as true as gospel, the state health department gives to the citizens of Virginia, says the Richmond Dispatch, more direct information on the preservation of health and happiness than ever before since the department was established, and Commissioner Ennion Williams and his able assistants are to be congratulated on their work. Here are some of the health proverbs which should be pasted in the hat:

"The man who says he had rather have smallpox than be vaccinated never had the smallpox."

"An open window is better than an open grave."

"Warm rooms have killed more people than ever froze to death."

"If you let the child have measles when

he is young you may save a doctor's bill later on, but you may have to pay the undertaker now."

"A good iron pump costs less than a severe case of typhoid."

"If your milkman brings you warm milk make it hot for him."

"Wire screens in the windows may keep crape from the door."

"A fly in the milk often means a member of the family in the grave."

"If some people were as much afraid of flies as they are of bad water there would be less typhoid."

"When you see a child looking like an angel do not kiss it; you might make a real angel out of it."

"Scarlatina may not sound so dangerous as scarlet fever, but ask the undertaker."

Of Interest to Dentists

Regarding the state examination for dentists, the following quotation is taken from the Montgomery Advertiser:

Beginning Tuesday morning at 11 o'clock the Alabama State Dental Association will be in session three days.

A public meeting will be held Wednesday night, at which the subject of "Oral Hygiene" will be discussed.

The first state dental examinations under the new dental law of the recent Legislature began Monday morning, in the House of Representatives at the capitol.

There are nine Negroes among the applicants for license. Dentists express themselves as being well pleased at this condition under which, they hope they will be relieved of a certain amount of necessary Negro practice.

The Fraternal Spirit

Man has ever sought his brother for affiliation in all phases of his existence, social, business, political and religious. It is in keeping with a natural law, and is inspired by no different spirit than that which brings boys together for the play of their talents at work or fun, at mischief, or in the operation of some juvenile scheme. Truly, the interests which impel the organization and deliberation of mature minds are of a more serious and momentous character, but the desire to "get together" on such matters is the natural tendency of mankind to brotherhood, just as playmates are drawn together by some silent automatic power.

We may trace the history of man from today, with its various and numberless classes, organizations and fraternities, to its first period of the multiplicity of his kind, and nowhere in the extensive chain of his life and manners will you find that

man ever lived in abnegation of his fellows, and the pleasures and benefits gained from mutual association.

In the earliest days, the spirit of organization was primarily tribal, for protection from or operation against hostile foes, or sectarian, for the conduct of some religious creed. From the strength of families, this spirit grew to include all of the ramifications of the household, and, from meager, cruel and selfish motives, to cherish the magnanimous, helpful and far-reaching, until, with the progress of the ages, it has become so extensive that states and nations live and rule, learn, work and play under national colors, and in national institutions—and, yea, more than this, the clarion note of universal organization for a common weal or woe, for peace, pleasure and plenty rather than war pestilence and desolation has been sounded, and the fraternal spirit of tribes and clans, creeds and classes has burst asunder restricting bands, and the whole world works, wills and worships, lives, loves and laughs as one great universal family.

However, the conduct of any great and extensive institution must necessarily be effected by a logical division into its many factors, and each factor must have special supervision, must regulate its affairs in direct relationship to the general institution, though it must primarily, of course, contribute materially to its own benefit in order that such individual welfare might redound to the honor and usefulness of the original body. The municipality is no less an influence in the general equation of the national welfare than the state, nor is one state fundamentally less essential to the progress and harmony of its country than another.

Throughout the processes which make government, corporation, society and church, is omnipresent the mutual co-operation of man and man, and the exercise of that interdependent spirit which recognizes the generous principles of the slogan, the greatest good for the greatest numbers. The factors which contribute to the achievements and glory of any organization are found in every family and household, every industry and profession, and it devolves upon each and every individual to render his best talents and services to the home and the cause in and through which he enjoys the fruits of his existence.

Specifically, then, what should the doctor contribute to his community, to his colleagues in the profession, and to the interests and welfare of the science and art to which he is a devotee? Here is an occasion for the greatest and most effective use

of the spirit of fraternalism for the extension of individual and latent talent for the great good of vast numbers.

It must be remembered that only through the sacrifices of practitioners and the disciples of research, and their contributions to the clinics and literature of the profession has the medical art gained its present heights. Born of necessity, en-cradled by superstition and mysticism practised with gross crudity, our great profession baffled through the dark ages, and warred in woeful and terrible combat with opposing and discrediting forces before it blossomed into the confidence and enlightenment of its maturity.

We, of the present age, are, as it were, plucking fruit from the trees which could not have sprung from the soil which gave them, if there had not been the mighty sacrifices, and the generous and co-operative spirit of our distant predecessors, who broke the soil, and planted and nurtured to maturity the fig trees and vines of luxuriant fruitage. Should we, then, sit idly by and say, It is well enough? Are we not keen enough of perception to see that many problems were left in the wake of the difficult progress of the profession which we must recover and solve? Have we not with us still mortality rates, ignorant beliefs and practices, and strange and perplexing disorders of the human economy? Has not each of us a thousand and more colleagues expending his best resources in the conflict for life—life, more wholesome and abundant?

Does not each of us enjoy the feast of the thoughts of other minds, and the exhibitions of the dexterity of our colleagues? If, then, we freely receive, should we not freely give?

The fraternal spirit should be a genuine impulse to mutual helpfulness, and not savor of indifference, selfishness, or a desire to consume and not produce. Experience has taught that there is too much difficulty encountered in securing the co-operation of our colleagues in our societies, local and general. Men, who have received the wealth of knowledge and practices in our medical colleges and hospitals should reflect sometimes upon the great contributions which their predecessors made, and at what great sacrifices, often with little or no compensation, when they gave to the profession masterpieces of thought in the text-books we pondered, and choice exhibitions of skill and technique in the clinics which trained the eye, ear and hand in the detection and correction of the abnormal.

Colleagues, get together! Say something! Do something! for the profession at large. Do not live in a contracted sphere where selfishness and greed will eat out your soul. Let your quota of the thought and skill of the profession co-operate with the achievements of the general medical brotherhood, benefiting you the more, for, here too, it is more blessed to give than to receive. Give your thoughts to your local society, your national organization, your journal. Exhibit your skill as a clinician whenever and wherever the opportunity presents itself. Remember that no one is all-wise or all-capable. Each may teach, and each may learn something.

Get the fraternal spirit! Such an affiliation—unrestricted, unlimited and unprejudiced—my colleagues, will make a great and grand profession grander and greater, will dissipate the clouds of dread disease and abnormal health—baneful curse!—and shed broadcast throughout the universe the sunlight of health, joy and prosperity. R. C. BROWN.

Graduates of Dental Colleges, 1911

Howard University

Allen, Clarence Eugene, A. B.....	Nashville, Tenn.
Anderson, William B., B. S.....	Portsmouth, Va.
Avery, Russell William.....	Morganton, N. C.
Brown, Andrew.....	Charleston, W. Va.
Browne, Benjamin F., Jr.....	Washington, D. C.
Colson, Walter Lee.....	Ansonville, N. C.
DeVore, Ephraim T. M.....	Greenwood, S. C.
Fraser, Dudley Wentworth, Phar. D.....	Jamaica, B. W. I.
Harris, Samuel Emanuel.....	Greenville, S. C.
Hinkson, Fitzthomas Augustus.....	Barbadoes, B. W. I.
Jones, Oscar Dunn.....	Moorehead, C. N. I City.

Lyons, Alvin Orville	Baton Rouge, La.
Plummer, Ouderain Uzel.....	Jamaica, B. W. I.
Strong, George Cavenous, A. B.	Norfolk, Va.
Terry, Floyd Wellman.....	Talladega, Ala.
Wilkins, Jesse Maryland, A. B.....	Dunn, N. C.
Wilson, Robert B. M.....	Washington, D. C.

Meharry College

Boykin, Joel	Birmingham, Ala.
Brown, Elliott M.....	Athens, Ga.
Brown, Robert J., Jr.....	Norfolk, Va.
Braithwaite, O. B.....	Grenada, B. W. I.
Carr, E. W.....	Meridian, Miss.
Davis, Wm. B.....	Nashville, Tenn.
Dyson, Albert H.....	Yazoo City, Miss.
Foster, Jesse J.....	Meridian, Miss.
Livingston, A. W.....	Statesborough, Ga.
Melton, M. A.....	Oswego, S. C.
Pollard, L. M.....	Selma, Ala.
Randle, E. H.....	Brenham, Texas
Reid, E. W.....	Greensborough, Ala.
Russell, William.....	Russellville, Ky.
Sanders, R. O.....	New Orleans, La.
Sorrelle, W. G.....	Marietta, Ga.
Scott, J. R., Jr.....	Jacksonville, Fla.
Stafford, P. M. H.....	Valdosta, Ga.
Surle, J. A.....	New Orleans, La.
Temple, H. W.....	Jackson, Tenn.
Timbs, A. I.....	Houston, Texas.
West, A. W.....	Eufaula, Ala.
Williams, P. S.....	Waycross, Ga.
White, George W.....	Nashville, Tenn.
Walker, J. B.....	Danbridge, Tenn.
White, A. W.....	Stover, S. C.

A Few Minutes with Our Contemporaries

(From paper on tuberculosis)

Each year, in this country, enough people succumb to this malady to make eight armies the size of the standing army of the United States. That is not all; it is estimated that eight or ten times this number are affected to some extent with this disease. One death in every seven reported is from tuberculosis. Each

year the world yields up 1,095,000; each day, 3,000; each minute, two of its people, as a sacrifice to this plague.

Dr. Wm. Harper DeFord, of
Des Moines, Iowa.

Dental legislation, the status of the dental degree, inter-state and international reciprocity in dental licen-

sure, the relation of the dental profession to the state, to the public, to the army and navy, are all questions that will come up for further consideration, but each and all are corollary to the fundamental problem of dental professional education.

While all periods in human progress may in a sense be regarded as transitional, the present more than any previous time appears to be not only a transitional but a critical period in our professional history. We are reaching out toward a larger sphere of usefulness, a broader field of activity, and a closer relationship with the public health interests. Let us hope that the deliberations upon these major features of our professional work shall be characterized by broad-mindedness, by unselfish and dispassionate consideration, and by a freedom from any taint of commercialism or greed such as befits that ideal professional spirit which alone can place our calling among the professions called learned.—Editorial: Dental Cosmos.

Untoward Effects of the Tincture of Iodine—Most, if not all, of the untoward effects of the tincture of iodine are to be attributed to the use of stale tincture, in which hydriodic acid has been formed, and causes irritation.—Periscope: Dental Cosmos.

(Anent antisepsis)—A point of absolutely vital importance in any

consideration dealing with the artificial destruction of bacteria is the fact that these organisms are not always found free on the body or on wounded surfaces, but occur also in the deeper layers of the skin and tissue, and are covered over by blood and exudates. Furthermore, the bacteria themselves have a more or less resisting exterior that serves as a protective armor for their vital protoplasm. It is clear, therefore, that a germicidal solution can be thoroughly effectual in the surgical sense, only if it possesses the power of penetration.—Editorial: Dental Brief.

Tincture of Iodine, Decolorized—Attention has recently been called to the inertness of decolorized tincture of iodine, especially when used as a germicide. The chemical combination which removes the objectionable staining makes it far less efficient as a germicide.—Practical Points: Dental Brief.

There are eleven reasons why the dentist's office should be the cleanest place on the block. The first reason is that your work can be done only in proper surroundings. The other ten reasons are—IT PAYS. The kind of equipment your patients do not notice contributes nothing to your success.—Lee S. Smith & Son Co.: Oral Hygiene.

Personals and Briefs

Dr. D. A. Ferguson, who examined the teeth of the children of the public schools of Richmond, Va., was the orator of the evening at the last month's meeting of the Mothers' Club of the Baker Street School, and gave a large and appreciative audience the benefit of his observations. Dr. Ferguson was assisted in public school examination by Drs. R. C. Brown, J. M. G. Ramsey, and P. B. Ramsey.

Dr. A. T. Robinson reports recovery from a recent illness, and will regain his former vitality while sojourning in the mountains in the northern part of the state.

Dr. James A. Wimbish, of Atlantic City, N. J., has recovered sufficiently from a slight neuraesthesia to prepare a paper for the Dental section of the N. M. A. at its meeting at Hampton in August.

The Virginia State Dental Association held its annual meeting in Jefferson Hotel, Richmond, Virginia, June 14, 15, and 16. Drs. Ferguson and Brown attended the sessions. The report of the examination of the public school children's teeth was read, but no tabulation had been made; so it will not be given here, but will appear in the subsequent issue.

The Virginia State Board examined eight graduates of colored Colleges, six of Howard University and two of Meharry Medical College, at its annual meeting in June.

The Robert T. Freeman Dental

Society, of the District of Columbia, substituted a run on the Potomac to Washington Park for its last regular monthly meeting. The feature proved a pleasant departure for the heated season.

New Books—Dental Surgery and Pathology. By J. F. Colyer, L. R. C. P., M. R. C. S., L. D. S.

Anatomy descriptive and applied. By Henry Gray, F. R. S. Revised and re-edited by Edward Anthony Spitzka, M. D.

A manual on Dental Metallurgy. By Ernest A. Smith.

—Dental Cosmos.

Recent Patents—Gas Burner for dental tables.—Theodore Smith.

Dental instrument holding and sterilizing bracket.

Table—Lena A. Kent and Gutie H. Tuttle.

Dental forceps.—John B. Bull.

Toothbrush.—Joseph Orthwein.

Process for forming dental bridges and the like.—Thomas C. Hutchinson.

Toothbrush.—Henry Weinstein.

Dental tool-holder.—Chas. R. Powers.

Toothbrush.—John J. Whitman.

—Dental Cosmos.

A large envelope came to the editor's desk last month, and was conspicuous because of a broad black marginal band. Upon investigation it proved to be the announcement of the demise of the D. D. S. a concise, interesting little journal for the busy dentist which was just entering the period of its greatest usefulness. We bemoan the loss of our erstwhile contemporary, and rather than wish it a peaceful rest, hope for its resurrection.

Of Interest to Nurses

Miss E. E. Reale, Class of 1911, Tuskegee Institute Hospital, has been called to the head of a hospital in Columbia, S. C. She writes that she found four surgical cases, and has admitted another since she arrived. She has four pupil nurses under her care.

Miss I. L. Price, Class of 1911, Tuskegee Institute Hospital, is engaged in private duty nursing at Williamston, N. C., and states that she receives \$20.00 per week for her services.

Miss Annie Mae Cole, Class 1911, Tuskegee Institute Hospital, is engaged in private duty nursing at Athens, Ga. She states that she gets \$15.00 per week for her services.

Headquarters 918 T St., N. W.
Washington, D. C.

You are hereby notified to be present at the Convention of the National Association of Colored Graduate Nurses to be held August 15, 16, 17, 1911, at Lincoln Temple Church, corner 11th and R streets, N. W., Washington, D. C.

C. S. Rhone, Secretary.

Miss Annie M. Ayers of Provident Hospital, Class 1910, who

acted as Assistant Head Nurse at Tuskegee Institute Hospital, for the school year 1910-1911, was married to Mr. T. M. Campbell at Tuskegee Institute, June, 1911.

We have before us an invitation to the graduating exercises of the nurses of the Class of 1911, Provident Hospital and Training School 34th and Dearborn streets, Chicago, Ill., June 8th.

Nine young women received their diplomas in nurse training from this excellent school. A very interesting program was arranged for the occasion.

Mrs. Martha Jackson Huston, Class 1909, Tuskegee Institute Hospital, now located at Fort Pierce, Fla., writes that she has all the work she can do; is employed all the time, and earns from \$12.00 to \$15.00 per week. While located in Jacksonville, she states that she earned from \$18.00 to \$21.00 per week.

Miss Mae M. Booker of Meharry Medical College Training School for nurses, Class 1910, who held the position of Health Officer for Fisk University, Nashville, Tenn., during the school year 1910-1911 has accepted the position as Assistant Head Nurse at the Tuskegee Institute Hospital, and assumed her duties July 1st.

N. M. A. Communication

I am much pleased with the work of the National Medical Association. I was very greatly benefited by attending the meeting at Washington, District of Columbia. My report to the state medical association was well received. My five-dollar pledge is made good. In the name of our state organization I am sending you this amount.

G. W. HAYMAN, M. D.

Little Rock, Ark.

This is the kind of work on the part of our State Vice-Presidents that brings result, and that builds up our Association, and that causes interesting and profitable meetings. See below.—Gen. Sec.

Darlington, S. C., July 1, 1911.

My dear Doctor:—

At the annual meeting of the Palmetto Medical Association held at Greenwood, S. C., it was decided to write each member of the Association to ascertain the number who expected to attend the annual meeting of the N. M. A., to be held at Hampton, Va., the 22, 23 and 24th, of August, next. From this number delegates will be appointed by the Executive Board.

The Board is anxious that the attendance from our Association be one hundred per cent. and for that reason we are urging your attendance. Last year our attendance at the Washington meeting was good. Let us make it better and larger. The National Secretary informs me that the program will be more varied this year than ever before. Again you need an outing, and the place of meeting overlooking The Hampton Roads is ideal. The Tidewater Association has spared no pains to make this meet both profitable and pleasant, and coming at a season when the busy doctor needs rest and an opportunity to meet and exchange views, renew old and make new acquaintances under such ideal conditions, no one should fail to take advantage of it. Let me hear from you as soon as possible, at least by the 15th. Doctor, I can assure you that the cost of your trip, the time apparently lost from your field of labor will be more than repaid by attending the meeting.

Hoping to hear from you and meet you at Hampton.

I am yours fraternally,

J. A. ROBINSON,

Chairman Ex. Board.

The Hampton Meeting of N. M. A.

BRIEF HISTORY:—The National Medical Association was organized in the year 1895 during the Cotton States and International Exposition. The assembly of the Negroes of the medical profession on this occasion was suggested by Dr. I. Garland Penn, Commissioner of Negro Exhibits, and the idea was consummated in the formation of a permanent association.

Dr. R. F. Boyd of Nashville, Tenn., has the honor of being the first President of the Association, and Atlanta, Ga., its birthplace.

MEETINGS:—The meetings of the N. M. A. are by rotation, thus giving each allied State organization the honor and pleasure of being "at home" to its national guest. These meetings, with the exchange of the progressive ideas of the profession and opportunities to witness its recent technical achievements; with the occasions for reciprocal good feeling and hospitality, and a general atmosphere of "It is good to be here," not only afford members of the profession a helpful vacation from the point of rest and change of scenes, but they also add knowledge, prestige, confidence and enthusiasm to their professional stature, and more than compensate them for time and money expended, in increased capacity for greater and grander work.

Since the incipency of the N. M. A., it has convened in twelve annual sessions, has been the guest of State organizations North, East, South and West, has increased its membership many fold, has attracted the attention, interest and highest regard of both the profession and laity at large, and has established professional, ethical and social relationships, which make it worthy of these tributes of grandeur and national fame.

The meeting in Washington last year was by far the largest and best attended the Association has witnessed. The Tide Water Medical Association as guest of the National Medical Association at Hampton, Va., August 22-24, 1911, promises through its Local Committee that nothing will be left undone to make this meeting eclipse any the Association has held.

Hampton possesses several natural advantages that assist the committee in fulfilling its promise. First, the location—Somewhat on the border line between the North and the South—in the midst of a populous district, easily approachable by rail or water, excellent climatic conditions, beautiful scenery—historic surroundings, splendid water ways with invigorating sea breezes, and opportunities for shore lounging and surf bathing—a veritable summer resort. It would be hard to find a place better suited for holding the meeting.

A cordial invitation is extended to Physicians, Dentists and Pharmacists, and their relatives and friends, to spend three days amidst these surroundings. The Hampton Institute opens its doors and welcomes you to its beautiful buildings and grounds. It is an inspiration to simply enter the atmosphere of the place.

The Program Committee is arranging a program that is in keeping with the dignity of the personnel of the distinguished body. The scientific program is arranged with the idea of furnishing intellectual entertainment for all. Sectional work will be done to a degree not attempted before.

An effort is being made to secure special railroad rates. Should this fail, summer tourist rates are on to Old Point Comfort all the season. You are earnestly invited to be present. Members of the Association who find it impossible to attend are urged to send a letter with their annual dues. A cordial invitation is extended alike to Physicians, Dentists and Pharmacists to join the Association. The membership fee is now

three dollars (\$3.00) per year, which includes the Journal. Desired information will be gladly furnished.

Very sincerely yours,

National Medical Association,

JOHN A. KENNEY, General Secretary,

Tuskegee Institute, Ala.

June 15, 1911.

Special to Dentists

DENTAL SECTION:—The organization of the Dental Section of the N. M. A., was effected through the persistent efforts of Dr. W. S. Lofton, Washington, D. C., as Corresponding Dental Secretary, and the hearty cooperation of Dr. M. A. Van Horne, of Newport, R. I., Dental member of the Executive Committee of the N. M. A., during the annual session of the Association at Baltimore, Md., August, 1907.

The Dental Section enjoys rights, privileges and opportunities of the general sessions and of special Dental Section meetings. It has representation, voice and ballot on the floor, on Executive, Program and Censor, and special committees of the general body. Besides, the Dental Section has separate organization for the conduct of independent business and the deliberations and demonstrations on special subjects.

Our brothers of Therapy and Surgery, Pathology and Hygiene, recognize that we too have problems of Diagnosis and Cure, Prevention and Correction, being limited in our therapeutic and operative procedures only by acceptance of that condition—induced by the great multiplicity of “facts and feats” of the general profession which has caused the era of Specialists to succeed the epoch of practitioners “in omnibus medicinae.”

COMPLIMENTARY JOURNAL:—Through the liberal policy of the Association and the General Office (Dr. John A. Kenney, General Secretary, Tuskegee Institute, Ala.), any non-member desiring to witness the great, first-class accomplishments of the N. M. A., may receive upon request (or you may enclose cost, 25 cents, in stamps: I assure you that it is worth it—and more) a complimentary copy of the Journal of the N. M. A. It is a literary jewel, in which the skill of type and design, and the scholarship and genius of its editors and contributors, seem to vie with one another to give this gem a position and luster second to none in the brilliant diadem of the profession's heralds.

AN APPEAL:—We want every Negro Doctor of Dental Surgery enrolled in the ledger of the N. M. A. Three dollars (\$3.00) a year for membership in an organization of rank and worth in keeping with its national scope, including that masterpiece—The Journal of the N. M. A.—and the privilege to mingle profitably with your colleagues at the annual sessions of the Association, is a paltry sum to pay for participation in the great results and the enthusiastic spirit which the N. M. A. engenders. Born of the integrity of fraternal spirit, fostered by honesty and industry, and annually promoted by the untiring and resourceful efforts of its directors, and the priceless contributions from fields of study, research and practice, the N. M. A. bids you, ENTER!

PAPERS AND CLINICS:—The program of the Dental Section is now

in process of preparation. All members and non-members, who will affiliate themselves with the Association at its annual meeting in Hampton, Va., August 22, 23 and 24, 1911, desiring to contribute papers or clinics, will please submit subjects **WITHOUT DELAY. PARTICULARS:**—Papers, limit, 20 minutes. Censorship, 30 days prior to convention. Clinics—submit subject and estimate time for demonstration. Further information on request.

Yours for the N. M. A.,

ROSCOE C. BROWN, National Dental Secretary.

Special to Pharmacists

Mrs. J. P. H. Coleman, Phar. D., of 2300 6th St., N. W., Washington, D. C., will be pleased to receive communications from all Pharmacists who plan to attend the coming meeting, or who desire to join the Association. We have a regular Pharmaceutical Section, which meets independently, makes its own rules and regulations, and transacts its business. At the same time they are represented on the staff of the general officers of the Association, and have a member on the Executive Board. Those who desire to present papers to the Pharmaceutical Section may communicate with Mrs. J. P. H. Coleman, Pharmaceutical Secretary.

Constitution of the National Medical Association

ARTICLE I.—TITLE

The name and title of this organization shall be **THE NATIONAL MEDICAL ASSOCIATION.**

ARTICLE II.—OBJECT

The object of this Association shall be to promote the science and art of medicine. With this idea in view the Association shall aim to create into one compact organization the medical profession of the United States and our Island possessions, to nurture the growth and diffusion of medical knowledge and to stimulate friendly intercourse among American physicians. The material interests of the medical profession are conducive to a higher standard of medical education, to the enactment and enforcement of just medical, dental and pharmaceutical laws, and to the education of public opinion in regard to the broad problems of hygiene and the practical results of scientific medicine.

ARTICLE III.—MEMBERSHIP

The membership of this Association shall consist of regular graduates of standard pro-

fessional schools or persons who have passed examination and hold license to practice either medicine, dentistry or pharmacy in the states and territories of the United States of America and as provided in Chap. I Sec. I. and upon making application in the form provided by the By-Laws.

ARTICLE IV.—CONSTITUENT ASSOCIATIONS

Those states and territorial medical associations which have or which hereafter may become organized in accordance with the general plan of organization of the National Medical Association and which have declared by resolution their allegiance to the said National Medical Association shall be recognized as Constituent Associations and shall be empowered to recommend to the Executive Board a candidate for the State Vice-President and the State's quota of participants in the annual program.

ARTICLE V.—EXECUTIVE BOARD

SEC. I. There shall be a business body known as the Executive Board of the National Medical Association. This Board shall have general supervision of the con-

duct of the Association, and shall decide difficult matters and questions pertaining to its work. All questions arising on the floor which are likely to precipitate unnecessary or harmful debate shall be referred to this Executive Board.

SEC. 2. The Executive Board shall consist of nine members elected for a period of three years and selected from the various sections,—each section choosing its own representatives. From the Dental section shall come one; from the Pharmaceutical section, one; from the Surgical section, two; from the Medical section, three; and the Executive Board shall elect two at large.

For the first year, the members of the Board will decide their terms of service by lot, three to serve three years, three to serve two years, and three to serve one year. Thereafter, three members of the Board shall be elected annually for a term of three years by those sections the representatives of which terminate their service on the Board that year.

SEC. 3. The Executive Board shall have supervision of the property and of the financial affairs of the Association.

ARTICLE VI

SEC. 1. The Executive Board in order to systematize the scientific work of this Association shall form sections each of which shall be devoted to one of the recognized branches into which (for convenience) the science and art of medicine are divided: viz., Medical, Dental, Pharmaceutical and Surgical. The sectional meeting shall be held at 9 a. m., or at such other time as will not conflict with the general session.

ARTICLE VII.—BRANCHES

The Executive Board may create such branch organizations as may be deemed essential to promote the welfare of the medical profession.

ARTICLE VIII.—ANNUAL SESSION

The Association shall hold annual session on the fourth Tuesday, Wednesday, and Thursday of August of each year, or at such other time and place as the Executive Board shall designate.

ARTICLE IX.—OFFICERS

SEC. 1. The general officers of this As-

sociation shall consist of a President, one Vice-president, State Vice-president for each state and territory represented, a General Secretary, an Assistant Secretary, a Corresponding Dental Secretary and a Corresponding Pharmaceutical Secretary, and a Treasurer.

SEC. 2. With the exception of the State Vice-presidents and Treasurer, the officers shall be elected annually by the National Medical Association at their annual meeting. The Executive Board shall annually elect the State Vice-presidents and Treasurer. The office of President shall be one of rotation. These officers shall serve for one year or until their successors are elected and installed.

ARTICLE X.—FUNDS

Funds shall be raised by an equal assessment of not more than five dollars annually on each of the members. Funds may be appropriated and assessed by the Executive Board to defray the necessary expenses of the Association, to enable standing committees to fulfil their respective duties, to conduct their correspondence, and to pay the per diem and travelling expenses of the Executive Board to extra sessions, to encourage scientific investigations by the giving of prizes and awards of merit, to carry on its publications and for other purposes approved by the National Association.

ARTICLE XI.—AMENDMENTS

The Executive Board may amend any article of this Constitution and By-Laws at any annual session, provided the proposed amendment shall not be acted on until the annual session next following that at which it was introduced, and provided that two thirds of the voting members registered at the session at which action is taken vote in favor of such change or amendment.

By-Laws

CHAPTER I

SEC. 1. **Membership. How Obtained.** A member in good standing in the Constituent Association wherever such exists or (where there is no Constituent Association) upon recommendation of a National mem-

ber endorsed by the State Vice-president, approved by the President and Secretary may become a member of the National Medical Association by presenting to the General Secretary, (1) satisfactory evidence of qualifications, (2) written application for membership on the prescribed form, and (3) the payment of the annual due of \$2.00. Violation of these requirements is sufficient for forfeiture of membership.

SEC. 2. Membership Restored. A member who has forfeited his membership shall be reinstated on his request by the General Secretary when satisfactory evidence of qualification has been presented.

SEC. 3. Delinquency. Any member who shall fail to pay his annual dues for one year, unless absent from the country, shall be dropped from the roll of members, provided that due notice shall be previously given to the member by the General Secretary. Any member who has been suspended for non-payment of dues, shall be restored only when all his dues have been paid.

CHAPTER II.—REGISTRATION OF MEMBERS

SECTION 1. Registration. No member shall take part in the proceedings of the Association or of any of the sections until he has registered his name and address with the proper officer or committee, and has paid his annual dues for the current year.

SEC. 2. Section Affiliation: A member desiring to take part in the scientific work of the Association shall indicate when registering the section in which he wishes to be enrolled. No member shall be registered in more than one section at any annual session.

CHAPTER III.—ASSOCIATE MEMBERS

SECTION 1. Representative Teachers, Veterinary Surgeons who are graduates and students of allied sciences, and distinguished physicians of foreign countries may be invited by the General Officers or by the Executive Board to attend the annual meetings and to take part in the scientific work. They shall be designated associate members. They shall hold their connection with this association until the close of the annual session to which they are invited

and shall be entitled to participate in the scientific and social functions of the Association.

SEC. 2. Honorary Members shall be Physicians, Pharmacists or Dentists of foreign countries who have risen to pre-eminence in the profession of Medicine, Pharmacy or Dentistry. They may be elected by the Executive Board but not more than two honorary members shall be elected in any one year.

SEC. 3. Members from Adjoining Countries. The Executive Board may provide for membership from adjoining countries under proper restriction, from among members of recognized medical societies of neighboring countries.

CHAPTER IV.—ORDER OF BUSINESS

SECTION 1. The following shall be the order of business unless otherwise ordered.

1. Call to order by the President, reading of address.
2. Reading and adopting the minutes.
3. Reports of officers and Executive Board.
4. Reports of Committees.
5. Unfinished business.
6. New business.

SEC. 2. Except election of officers, no new business shall be introduced into the National Association on the third day of the annual session, unless with unanimous consent; and such new business, whether in the form of a resolution, memorial or otherwise, shall require a unanimous vote for final action.

SEC. 3. Rules of Order. The National Medical Association shall be governed by Robert's Rules of Order when not in conflict with these By-Laws or with the rules of the house.

SEC. 4. Quorum. Fifteen voting members of the National Medical Association with a majority of the Executive Board present, shall constitute a quorum for the transaction of business.

CHAPTER V

SEC. 1. The Executive Board according to necessity may meet a few days

prior to meeting of National Medical Association or at any other time and place upon a call of President and Secretary of the Board.

CHAPTER VI.—NOMINATION, ELECTION AND INSTALLATION OF OFFICERS

SEC. 1. Nominations for all officers except Treasurer and State Vice-President shall be made from the floor in open session.

SEC. 2. All such elections shall be by ballot and a plurality of the votes cast shall be necessary to elect.

SEC. 3. **Time of Election.** The election of officers shall be the first order of business of the National Medical Association after the reading of the minutes on the afternoon of the third day of the annual session. The election of honorary members shall immediately follow the election of officers.

SEC. 4. **Orators.** The Executive Board shall elect annually two members to deliver addresses in the General meeting of the next ensuing annual meeting—one on some topic relating to General Medicine or Surgery and another on Dentistry and Pharmacy.

SEC. 5. **Installation.** The general officers of the Association shall be installed at the close of the last meeting of the annual session at which they are elected.

CHAPTER VII.—DUTY OF OFFICERS

SEC. 1. **The President** shall preside at the General Meeting and shall perform such duties as custom and parliamentary usage require. On the morning of the first day of the annual session following his election, he shall deliver an address at the General Meeting, the recommendations of which address shall be forwarded to the Executive Board at least thirty days before the annual session. He may at any time make suggestions to the General Meeting, to the Executive Board, to standing or special committees, or with local committee in arranging local program provided such suggestions are made in writing.

SEC. 2. **Vice-Presidents.** The Vice-president shall assist the President in the performance of his duties, during his absence

he shall at his request officiate in his absence. In case of death, resignation or removal of the president, the vacancy shall be filled by the Vice-president (not State Vice-president). Each State Vice-president shall be named by the Executive Board and his duty shall be to organize and work in his individual state in the interest of the National Association and in his respective State to secure suitable members; and in the absence of a constituent society, he may suggest to the Program and Censor Committee names of those from his State who are to appear on the program at the annual session.

SEC. 3. **General Secretary.** The General Secretary shall give notice of the time and place of all annual and special sessions of the Association and also publish the same in The Journal of the National Medical Association. He shall keep in separate books the minutes of General Meetings and of the financial work. He shall notify members of committees of their appointment and of the duties assigned to them. It shall be his duty to confer with the local committee and the Program and Censor Committee in arranging the local program and in so doing to conserve to the best interests of the Association. It shall be his duty to verify the credentials of members of the Association and to provide a registration book for them in which shall be recorded the name of each member in attendance at the annual meeting; and he shall perform such other duties as pertain to his office or as may be directed by the Association or the Executive Board. The Secretary shall be allowed by the Executive Board an amount not to exceed fifty dollars (\$50.00) for stationery and correspondence and a compensation of fifty dollars (\$50.00) per annum.

SEC. 5. **The Assistant Secretary and the Corresponding Dental and Pharmaceutical Secretaries** shall act under the direction of the General Secretary and shall assist him at the annual meeting. They shall also attend to such correspondence as is referred to them.

SEC. 5. **The Treasurer** shall be the

custodian of all moneys, securities and deeds belonging to the Association which may come into his possession and shall hold the same subject to the direction and disposition of the Executive Board, suitable bond for the faithful performance of his trust and when bonded the Executive Board may salary him.

SEC. 6. All business of each annual session shall be completed by the officers who have served through the session.

CHAPTER VIII.—EXECUTIVE BOARD

SEC. 1. At the first meeting of the Executive Board after the annual session of the Association it shall organize by electing a chairman and secretary and the chairman shall appoint such committees as may be necessary or desirable. It shall be the duty of this Board to provide for and to superintend the publication of "The Journal of the National Medical Association," and of all proceedings, transactions and memoirs of the Association. It shall have full discretionary power to omit from "The Journal of the National Medical Association," in part or in whole, any paper that may be referred to it. It shall appoint a general manager and an editor of "The Journal," which two positions may be held by one person, and such assistants as may be necessary, and shall determine their salaries and the terms and conditions of their employment. All resolutions and recommendations of the Executive Board pertaining to the expenditure of money must be approved by the Association before the same shall become effective. During the annual session of the Association the Executive Board has meetings as often as may be deemed necessary by the Chairman, and all matters referred to it by the Association shall be considered and reported within twenty-four hours, if requested by the house. The Executive Board shall have the accounts of the Treasurer and of the Journal office audited annually or oftener, and shall make an annual report on the same to the Association, which report shall specify the character and cost of all the publications of the Association during the year, and the amount of all property be-

longing to the Association. In case of a vacancy in the office of Treasurer, Secretary, Editor or Manager on account of death or otherwise, the vacancy shall be filled by the Executive Board until the next annual meeting of the Association. The Executive Board shall fix the salary of the Secretary and the Treasurer.

Regular meetings of the Executive Board shall be held during the annual session and special meetings may be called by the chairman.

Five members of the Executive Board shall constitute a quorum. The Executive Board according to necessity may meet a few days prior to meeting of the national body or at any other time and place upon a call of Chairman and Secretary of the Board. The President, Vice-President, Secretary and Treasurer are Ex-officio members of the Executive Board.

SEC. 2.—Committees. Classification of Committees. Committees shall be classified as Standing Committees and Special Committees.

SEC. 3.—Standing Committees shall be the following:

- (A) Censor and Program.
- (B) Medical Legislation.
- (C) Committee on Credentials.

SEC. 4.—Special Committee: Committee of Arrangements. This committee shall consist of all the local members of the National Medical Association who reside in the city where the National Meeting is to be held and such others as the local constituency may name, said committee to work in conjunction with the Censor and Program Committee in effecting and completing arrangements for the meeting and reception of the National Association.

SEC. 5.—Standing Committees: Medical Legislation. This Committee shall consist of three members, one to be elected for one year, one for two, and one for three years, and thereafter one shall be elected annually to serve three years. They shall co-operate with the State and affiliated medical, dental and pharmaceutical societies, to create such rules and recommendations for the preservation of public

health not inconsistent with the Constitution and By-Laws of this Association. With the approval and consent of this Association it shall represent before Congress and elsewhere, the wishes of the Association regarding any proposed legislation that in any respect bears on the promotion and security of public health or the welfare of the profession. This committee at each annual meeting shall make a comprehensive report of its work.

SEC. 6. Report of Standing Committees shall as far as possible, be transmitted to the Executive Board ten days before the annual meeting who shall have them read to the members of the Executive Board on the first day of the annual meeting.

SEC. 7. Special Committee may be created by the Executive Board and perform the special functions for which they were formed. They shall be appointed by the Executive Board.

SEC. 8. The Censor and Program Committee shall consist of three members, one of whom shall be the General Secretary. The other two shall be appointed by the President after conference with the Chairman of the Executive Board.

This committee shall have absolute charge of the Program, Exhibits, and Advertisements pertaining to the annual meeting. It shall confer directly and as far as consistent co-operate with the committee of arrangements. For printing programs and other necessary expenses an appropriation not to exceed \$100 shall be allowed the Censor and Program Committee.

SEC. 9. The Committee on Credentials to which shall be referred all questions regarding the registration and the credentials of members.

GENERAL MEETING

The general meeting shall be held at 10:30 a. m. and 2.00 p. m., during the assembly.

CHAPTER XII.

SEC. 1. Time at which titles must be in. The title and abstract of papers to be presented to the Censor and Program Committee must be in the hands of the General Secretary of the Association at least thirty days before the first day of the annual session. The abstract of the paper must not contain less than thirty or more than one hundred and fifty words and with the author's estimate of the time it will take to read his paper.

The Censor and Program Committee shall have the power to reject any paper submitted to it.

SEC. 2. Twenty minutes shall be allowed for the presentation of a paper. No one shall address the Association more than once on the same subject, nor longer than five minutes except with the unanimous consent of those present.

SEC. 3. Number of Papers on Program. The number of papers including addresses on the program of any annual meeting shall not exceed twenty.

CHAPTER XIII.

SECTION 1. No paper shall be published as having been read before the Association unless it has actually been read or for special reasons when the author has actually been present and prepared to read the paper the Association shall unanimously vote to have it read by title.

SEC. 2. All papers and reports presented to the Association and approved by the Censor and Program Committee shall become the exclusive property of the Association; provided, the Executive Board may permit an author to publish his paper elsewhere than in "The Journal of the National Medical Association."

SEC. 3. No memorial, resolution or opinion of any character whatever shall be issued in the name of the National Medical Association unless it has been approved by the Executive Board.

CHAPTER I.—AMENDMENTS

The Association at any annual meeting wherever the same may be held may instruct the Executive Board to make any changes in the Articles of Incorporation in accordance with the law which may appear desirable or which may be made necessary by any change or amendment to the Constitution and By-Laws of the Association.

CONSTITUTIONAL AMENDMENTS ADOPTED BY

THE ASSOCIATION 1908.

CHAPTER 7, SEC. 3. "And also Stenographer's services when deemed necessary by the General Secretary with the consent of the Executive Board."

CHAPTER 12, SEC. 1. In line four, strike out the word "thirty," and insert the word "sixty." It will be read "At least sixty days before, etc."

CHAPTER 12, SEC. 2. Add sentence, "not longer than five minutes for reader to close the paper, nor shall the entire paper and discussion exceed one hour, unless with the consent of two-thirds of the members present."

CHAPTER 8, SEC. 1. "All accounts shall be audited on or before the first day of the annual meetings, and all subsequent accounts at 2. p. m. on the last day of the convention.

“On to Hampton”

Hampton, Virginia, situated on Hampton Roads, a vast body of water seven miles wide and thirty miles long, extending from the Virginia Peninsula to the Ocean, has been selected by the National Medical Association as the place of holding its Annual Convention, August 22, 23, and 24, 1911.

SITUATION

Hampton is in Elizabeth City County, Virginia, 75 miles from Richmond, 24 miles from Norfolk, 6 from Newport News and 3 from Old Point Comfort, in easy access by rail and steamboat lines from Washington, Baltimore, and the East and West.

As stated above, its shores are washed by the waters of the placid Hampton Roads, that grand basin into which empty the waters of the James, Elizabeth, Nansemond and the York Rivers, forming the deepest and largest harbor in the world and to which ships of every nation come.

HISTORY

Hampton is one of the earliest colonial settlements in America, being settled about 1699. It now nestles quietly where once raged many memorable conflicts. First, it witnessed the dire massacres of the arrow and the tomahawk; here the dying shots of the Revolution could be heard from Yorktown, a few miles off, when Cornwallis surrendered. The great battle of the Monitor and the Merrimac was fought within its view; and near by Old Fort Wool (The Rip-Raps) held many prisoners during the Civil War.

ENVIRONMENTS

Fortress Monroe, America's great-

est defense, guarding the gateway to the Nation's Capital is just three miles away. The National Soldier's Home, a retreat for thousands of war veterans is situated here, as is also the Hampton Normal School, the greatest industrial school for Negroes and Indians in the country, and at which place the Convention will be held.

At Newport News, six miles distant, is situated the great Shipyard and Drydock, employing 6,000 to 7,000 men and turning out the great Dreadnaughts for the U. S. Navy.

CLIMATE

The climate is that of the seashore. The heat of summer is moderated by ocean breezes which, wafted over the waters, make evening one delightful dream.

These are some of the attractions of Tidewater, Virginia, and a visit to this section of the Old Dominion will make an epoch in one's life.

W. T. JONES, A. M., M. D.

Secretary, Tidewater Medical Society.

To the Members of the National Medical Association who expect to attend the coming sessions to be held at Hampton Institute during the month of August.

It is hereby requested of you to inform W. T. Foreman (Chairman of the Committee on Comforts) the exact number each of you expect to have in your party.

W. T. FOREMAN,

Chairman Committee on Comforts
2415 Jefferson Ave.,

Newport News, Va.

Medical Society Notes

ARKANSAS

The Arkansas State Association of Physicians, Dentists and Pharmacists met in Little Rock, Ark., May 17th to 19th. It was more largely attended than any of its previous meetings, due possibly to the fact that the Confederate Veteran Reunion was held in the same city at the same time, and generous rates allowed by all the roads, to the visitors to the city. The various attractions detracted much from the full measure of success to which such a gathering was so justly entitled. In spite of these attractions each felt that the meeting was a very profitable one.

The papers read by the physicians elicited interesting discussions. "Infant Feeding," by Dr. Ish of Little Rock; "Syphilis," by Dr. Phipps of Hot Springs, "The Importance of Stimulants in Pneumonia," by Dr. Simmons of McAlmont, and a paper by Dr. Curtis of Hot Springs on Rheumatism of Children, were replete with helpful suggestions, and very ably discussed by different members present. Dr. Terrell of Memphis, Tenn., was an invited guest, and spoke at length and very entertainingly on the necessity of hospitals for our colored patients throughout the country. The annual address by the president, Dr. J. H. Barabin, of Marianna, was worthy its place on any program. He dwelt masterfully on the needs of the association, recommending such changes as might prove helpful. The genial doctor

was re-elected to his fourth term by acclamation. The committee on Resolutions took very high ground in all of its recommendations, asking that especial attention be given *Infant Feeding*, the building of hospitals in the state, and preventative medicine—urging upon physicians to campaign each his respective community, regarding those conditions which lend so largely to the mortality of the Negro people.

Dr. G. W. Hubbard, Dean of the Meharry Medical College, was with us a part of two days, and spoke at length concerning the work at and of Meharry, and circulating among the physicians, renewing old acquaintances and presenting his subscription list for more improvements and additions to the school which is so closely woven into his life. Dr. Hubbard was really an inspiration to us, and we hope the doctor will be with us next year, or as often as he feels like coming.

TEXAS

We acknowledge receipt of the report of the 24th annual session of the Lone Star Medical, Dental and Pharmaceutical Association, which convened in Austin, at St. John's Hall, 421 E. 6th St. November 22-23-24, 1910.

OFFICERS

Dr. N. J. Atkinson, President.
Dr. W. H. Crawford, Vice-President
Dr. R. T. Hamilton, Secretary.
Miss A. E. Hughes, Ph. C., Treas.

The report embodies a splendid outline of the proceedings of the meeting, together with cuts of leading officers and guest of honor; also names and addresses of members who were in attendance.

Dr. R. B. Bluit was selected as delegate to represent the Association at the next meeting of the N. M. A. in Hampton, Va., August, 1911.

ALABAMA

The 15th annual session of the Alabama Medical, Dental, and Pharmaceutical Association was held in Mobile, May 10-12, 1911, Dr. D. H. C. Scott, President, Dr. L. U. Goin, Secretary. The attendance upon the session was not as large as was expected, but the enthusiasm and spirit exhibited by those present made up quite largely what was lacking in numbers. Several interesting papers were read and discussed. *Some* very extensively. Also several very practical subjects of every-day interest to Physicians, Dentists and Pharmacists were discussed both formally and informally. Two public meetings were held which were fairly well attended by the laity, and questions of general interest were discussed. During these discussions interesting remarks bearing on the subjects under consideration were made by members of the professions and attending ministers. Those which proved of general interest were:

"What can Negro Physicians do to Increase Their Effectiveness among the Masses," by Dr. A. M. Brown.

"Sanitary Conditions as an Asset in Race Development," by Dr. G. H. Wilkerson.

The meeting closed on Friday evening, May 12, with a popular reception.

Dr. L. U. Goin of Birmingham was elected President. Dr. E. T. Belsaw of Mobile, Secretary, and Dr. J. W. Darden of Opelika, Treasurer.

Tuskegee Institute, Alabama, was chosen for the next place of meeting, 1912.

KENTUCKY

The Medical Society of Negro Physicians, Pharmacists and Dentists of Kentucky held their thirteenth Annual Session in Mt. Sterling, Ky., May 10, 11, 1911.

Many interesting subjects were discussed, and cases reported. Among them being, "Some G. U. Problems: Sequelae to Acute Infection" by Dr. J. E. Hunter of Lexington. The doctor illustrated his subjects by original drawings.

Dr. F. T. Wendell in his "Oration on Surgery" exhibited a dermoid cyst (containing much hair bone and other matter) which he removed from a patient in October, 1910.

Dr. Mary E. Britton of Lexington Vice-President of the N. M. A. from Kentucky, was elected representative to meet the N. M. A. in its 1911 session at Hampton, Va.

The members of our society were urged to subscribe for our N. M. A. Journal. Our next session will be

held in Covington, Kentucky, May, 1912.

GEORGIA

During the meeting of the Georgia Medical, Dental and Pharmaceutical Association at Augusta, May 17, 1911, accredited representatives were present from the associations of Florida and Alabama, and the tri-state Medical, Pharmaceutical and Dental Association of Georgia, Alabama and Florida was organized. Dr. A. M. Brown of Birmingham, and Dr. J. Seth Hills were the accredited representatives of their associations, at the meeting. The following temporary officers were chosen:—Dr. J. Seth Hills, President; Dr. L. B. Palmer, Secretary; Dr. A. M. Brown, Treasurer. The first meeting will be held in Jacksonville, about February 22, 1912.

Dr. J. T. Wilson and Dr. C. V. Roman of Nashville, Tennessee, were also present.

OHIO

We acknowledge receipt of report of the Seventh Annual Session of the Ohio Branch, National Medical Association, Physicians, Dentists, Pharmacists, June 7, 8, 9, 1911, Cleveland, Ohio.

President, W. C. Gordon, M. D.
Treasurer, W. A. Method, M. D.
Secretary, Lloyd H. Cox, M. D.

Our one aim outside of our regular outline of program is to add a large number of members to our association, and to enlist more interest in the National Medical Association. Every physician in Ohio who did not attend this year's meeting missed the greatest opportunity of their lives in not being present at the clinic at Lakeside Hospital where Dr. Geo. W. Crile, a surgeon of pre-eminent ability, and his staff of men of the rarest professional attainment gave a clinic that will long be remembered by us and from which we were greatly benefited.

The lecture by Dr. W. C. Gordon of Springfield, Ohio, on Tuberculosis which was illustrated by stereopticon views was worth one's presence from any part of the country. All papers were well presented and brought out some heated discussions.

The Western Reserve Medical Council of Cleveland, Ohio, who entertained the Ohio Branch of the National Medical Association deserves many thanks for the courteous treatment we received while their guest. At this meeting there being five graduate nurses present, the association passed resolutions making these nurses an auxiliary body to the association.

We sincerely hope that all graduate nurses in the state will meet with the body at Chillicothe, Ohio, in June, 1912.

The Ohio branch of the National Medical Association is growing and in a few years we expect every Physician, Dentist and Pharmacist in

the state to be a member of this State Association.

The meeting will be held at Chillicothe, Ohio in June, 1912.

SOUTH CAROLINA

The Palmetto Medical Association held its annual session for the year 1911 in the city of Greenwood, S. C., April 26-27. Thirty-one members responded to the roll call. There were quite a number of interesting papers read, which papers were lively discussed. The citizens of Greenwood, white and colored, seemed to be pleased at having the association meet there, and united in making it pleasant for all who attended.

Since the organization of the association fifteen or more years ago, there has been an annual meeting each year. But the meeting in Greenwood was one of the best, if not the very best we have ever had.

The meeting for 1912 will be held in the city of Sumter, S. C.

The officers elected to serve for one year were as follows:

President, C. H. S. Henderson, M. D.

Vice-President, C. W. Harry, M. D., D. D. S.

Treasurer, J. A. Maxwell, M. D.

Secretary, I. A. Macon, M. D.

EXECUTIVE BOARD

Chairman, J. A. Robinson, M. D.

C. C. Johnson, M. D.

J. W. Sexton, M. D.

C. W. Birnie, M. D.

Several of the above-named officers were re-elected, having held the same position for one or more years.

I. A. MACON, (Secretary)

Rock Hill, S. C.

June 28, 1911.

TENNESSEE

The Journal is indebted to Dr. S. S. Caruthers, President Rock City Academy of Medicine and Surgery, for the following account of the Tennessee meeting. (Editor.)

The Volunteer State Medical and Surgical Association held its eighth annual session at Chattanooga, June 20-33, 1911, the president, Dr. H. M. Green, in the chair.

Chattanooga was the Mecca to which more than fifty physicians, dentists, and pharmacists made their way to become a part of the eighth annual convention of the Volunteer State Medical and Surgical Association.

From whatever angle we may view it, this meeting was easily the best ever held under the auspices of the association. Increasing interest in organized effort was apparent. An interesting and commendable feature of the meeting was, that both local and visiting physicians presented cases for demonstration and exhibition. The presence of Dr. G. W. Hubbard, Dean of Meharry Medical College, Dr. John A. Kenney of Tuskegee Institute, Dr. C. V. Roman, Editor of the National Journal, and such eminent surgeons as Dr. J. T. Wilson and Dr. R. F. Boyd, gave additional color to the meeting.

After the formal opening and the induction of the president Dr. H. M. Green of Knoxville, into office, Dr. C. V. Roman introduced Dr. Kenney to the association. The work of the Journal was thoroughly explained to those present. The

members were so impressed with the remarks of Dr. Kenney that many new subscriptions were taken and the Journal received the endorsement of the Volunteer State Medical and Surgical Association.

The most interesting feature of the morning session was the president's annual address. This message to the physicians, dentists, and pharmacists of Tennessee was remarkable from the fact that it soared far above the "petty" and stood firm on the high ground of excellence in medicine and surgery.

The afternoon session of the first day was opened by the reading of a paper on "Diagnosis" by Dr. C. M. McGhee of Knoxville. Dr. T. H. Price of Covington next read an interesting paper on "Puerpal Eclampsia" with the report of a case. "Pharmacy of today" was the subject of a paper by Dr. Durroh of Chattanooga. Dr. J. D. Fowler of Nashville read a splendid paper on "Hookworm Disease" and was encouraged to continue his investigations along these lines. Dr. L. A. Fisher of Nashville led the discussion. Dr. W. A. Reed of Nashville spoke on the "Etiology and Treatment of Erysipelas." Dr. C. O. Hadley of Nashville led the discussion.

Dr. L. E. Welker of Chattanooga presided at the night session which was a public meeting. Hon H. Clay Evans delivered the address of welcome on behalf of the city of Chattanooga. Dr. R. C. Wood of Knoxville responded. The welcome address on behalf of the Mountain

City Academy of Medicine, Dentistry and Pharmacy was delivered by Dr. W. A. Thompson of Chattanooga. Dr. C. V. Roman of Nashville responded. Dr. C. A. Bell, D. D., of Chattanooga spoke on behalf of the ministry. An interesting address was delivered by Dr. W. H. Moores of Chattanooga.

At the beginning session of the second day, Dr. L. E. Martin of Lewisburg read a splendid paper on "The Care of the Infant the Highest Law." "Modern Laboratory Methods in the General Practice of Medicine," was ably discussed by Dr. H. E. Simms of Chattanooga. "The Great American Fraud," was the subject of a masterly production from the pen of Dr. G. W. Hubbard. "Medicine, Its Uses and Abuses," by Dr. G. H. Bandy, was an excellent paper. Dr. Bandy also exhibited a patient on whom he had successfully done a Caesarian section. Dr. J. H. Hale of Nashville led the discussion of the paper. Dr. J. T. Wilson of Nashville was next introduced to the association and for twenty minutes held the attention of the association, during which time he reported a case in which he took two sutures in the myocardium. Dr. A. M. Townsend of Nashville next demonstrated a case of pellagra. One of the most interesting features of the entire meeting was the demonstration of a case of transposed viscera by Dr. H. E. Simms of Chattanooga.

The afternoon session was turned over to the dental section and the following subjects were discussed:

"Oral Hygiene," by Dr. J. C. Shafner of Columbia. Dr. C. S. Boyd of Knoxville read an excellent paper on "Artificial Denture with Stress upon Vulcanite Work." "Surgeon and Artist," was the subject discussed by Dr. E. T. Fields of Chattanooga. Dr. R. H. Voorhees of Nashville read a paper on "Operative Dentistry."

Dr. W. S. Crosthwaite of Nashville opened the morning session of the third day by explaining the mission of the Charles Sumner Home for consumptives; he received the endorsement of the association. Some phases of Ehrlich-Hata data was the subject of a well prepared paper by Dr. W. A. Thompson of Chattanooga. This paper was discussed by Drs. Wilson and Caruthers of Nashville. The session of the forenoon was brought to a close by Dr. D. W. Crawford of Knoxville, who read a splendid paper on "Infant Mortality Among Negroes."

At the afternoon session the election of officers took place, Dr. W. A. Thompson of Chattanooga was elected to the presidency to succeed Dr. H. M. Green of Knoxville. Dr. J. A. Lester succeeded Dr. A. M. Townsend as corresponding secretary. The other offices were practically unchanged.

The last session of the convention was a public meeting and consisted of a symposium on Tuberculosis. At this meeting Dr. W. E. Gray of Nashville discussed "The Importance of Hygienic Precaution Against Tuberculosis." Dr. T. B. Spencer of

Tullahoma discussed the treatment of Consumption. The subject of a paper by Dr. J. B. Singleton of Nashville was "Dentistry in the prevention of Tuberculosis." The crowning feature of the night session was the powerful address by Dr. R. F. Boyd of Nashville. Dr. J. A. Lester assisted by Dr. L. A. Fisher spoke of the different phases of Tuberculosis and illustrated the same with stereopticon view.

The meeting adjourned to convene in Memphis June, 1912.

NORTH CAROLINA

Durham, N. C.—The twenty-second annual session of the North Carolina Medical, Pharmaceutical and Dental Association, recently held in this city, was a noteworthy event. The pertinent features of this meeting were the papers by prominent members, which revealed unusual preparation and quite an exhaustive treatment of the subjects claiming the attention of the members from every section of the state. In delivering the annual address President F. S. Hargraves, M. D., of Wilson, made a comprehensive resume of peculiar conditions paramount in the activities of the men identified with the movement and in part said:

Wherever our men are found in sufficient numbers there should be formed local associations. There should be appointed three commissioners—one on tuberculosis, pellagra and hookwork—to report at the next annual meeting. This report should be submitted to a similar commission of the National Medical Association. Study and make a just contribution to medical progress which is incumbent upon us as members of a progressive profession. We should no

be discouraged or despair because we are poor or members of a young race or because we have not a Rockefeller foundation to aid in our investigation and research.

Vaccination, which checked the deadly onslaught of smallpox upon the human race, was given to us by a man unknown save in his immediate community. The efficacy of nitrous ether as an anaesthetic was demonstrated by a country doctor in South Carolina three years before the experts in New England sent the news broadcast to the world. There is no barrier to the intellect. It cannot be circumscribed by prejudice or legislation. Every life is lifted up or pulled down by the power of thought acting upon it.

Dr. J. A. Kenney, resident physician of Tuskegee Institute, and Secretary of the National Association was present and delivered an address.

Great interest was manifested by the body in the coming meeting of National Association at Hampton in August. The public meeting was quite a demonstration on the part of the laity. Dr. A. M. Moore, one of the leading physicians of the race, presided.

The welcome address on behalf of the local doctors was delivered by Dr. C. H. Shepard, one of the leading Afro-American surgeons, and the response on behalf of the association was by Dr. P. H. Williams of Raleigh. Interesting and enlight-

ening papers were read by Drs. G. A. Gerran, High Point; L. E. McCauley, Raleigh; W. T. Bebee, Washington, N. C.; J. A. Battle, Greensboro; W. A. Mitchner, Wilson; C. H. Shepard, Durham; T. A. Mann, health officer for Durham; J. D. Douglass, Rocky Mount; A. M. Rivera, D. D. S., Durham; J. W. Walker, Asheville; W. P. Carter, Goldsboro; A. H. Ray, Salisbury, N. C.; J. A. Tinsley, Weldon; J. H. Baxter, Henderson; J. S. Massy, Monroe; J. L. Engle, Charlotte; M. L. Walker and J. A. Pethel, Charlotte; A. W. Whitfield, Belhaven; D. C. Yancey, Wilson; C. H. Bynum, Kingston; W. P. Coleman, Reidsville.

Many of the doctors present paid a tribute to the late Dr. Thomas R. Mark of Wilmington, N. C., second vice-president of the association and one of the potent factors in developing the movement. Dr. A. A. Wyche, secretary-treasurer of the association, has through his indefatigable efforts, with Dr. A. M. Moore, Dr. J. W. Walker and several of the old members, kept the association alive. This meeting was the greatest ever held in the history of the organization.—The Record, Indianapolis, Ind.

Comment on the Journal

Enclosed you will find one dollar (\$1.00) for the Journals.
Words cannot express the pleasure I get out of them.

(Signed) MARTHA E. HUSTIN, Trained Nurse.

Items of Interest: Newsy and Otherwise

The Managing Editor was unexpectedly absent from his office from June 23rd to July 7th, hence the irregularity in his correspondence, for which he is asking the kind indulgence of all who have been affected thereby.

During his stay in New York Dr. Kenney spent a very pleasant afternoon in the company of Dr. George E. Cannon, the Chairman of the Executive Board of the N. M. A., his charming wife, and bright children.

They plan to attend the Hampton meeting in their touring car. The Doctor very kindly showed him New York, by a delightful drive in his car around the Hudson Boulevard, which was very much enjoyed.

The North Jersey doctors are setting a fine example in the purchasing and owning their homes, using automobiles in their practice, and progressing generally.

It is now a very frequent occurrence to find the Negro Physician owning one automobile, but Dr. George E. Cannon, of Jersey City owns two.

The Plymouth Hospital and Training School of Boston, under the management of Dr. C. N. Garland, recently held its commencement exercises. Four nurses graduated. Dr. W. H. Higgins of Providence, Rhode Island, gave the commencement address.

It is stated that the North Jersey

physicians have one of the best medical associations in existence. At their frequent meetings, they turn out almost to a man, and papers of much interest are discussed, and interesting papers presented.

Dr. Robert Cooper, of New York has purchased a beautiful home in a choice residence section of East Orange, where his family resides. The Doctor still conducts his office and practices in New York City.

The physicians of New York have come together and decided that they need a hospital, owned and controlled by the Negroes, and have gone to work to secure one. An entertainment was given, from which \$500 was realized as a beginning. We wish the physicians much success in this laudable undertaking.

Excellent work is being done in the Plymouth Hospital in Boston. They report 120 operations, with only two deaths.

Dr. C. N. Garland of Boston, has had under his care a very interesting case of Elephantiasis. We expect a report from Dr. Garland in the next issue of the Journal.

Interesting expressions are made, both in Boston and New York as to the good the National Medical Association has done by holding its annual meetings in these two cities. First, in bringing the physicians together in a way in which they have

not been before, and second, in bringing them in closer touch and contact with the people.

In Boston the physicians have buried the hatchet, and with a new name for its organization, they are working together for the good of all.

COLORED MAN WINS HONORS

Out of the fifteen applicants for internships at the City Hospital and the City Dispensary, places were given fourteen yesterday by the City Board of Health. The board met in the afternoon and opened the examination papers of those who applied for positions at the recent examination conducted by the board for the purpose of obtaining eligibles for places at the hospital and the dispensary.

Eight of the successful contestants will receive places at the hospital and six will go to the dispensary. L. Aldridge Lewis, colored, of Nashville, Tenn., received the highest grade of any of the applicants. His average was 92.5-8. Dr. Lewis will be given the preference of a place at the hospital or the dispensary, but those receiving the highest average usually are sent to the hospital, as that place is regarded as the most desirable.—Indianapolis Star.

Kansas--Missouri Medical Society met in Kansas City, Mo., June 27, 28, 29, in their second annual session. The program was varied and interesting. Dr. George C. Hall of Chicago was the honored guest.

MARRIAGE

Dr. S. H. Wilson to Miss Gennie Rebecca Scott, Keysville, Va., April 19, 1911. At home after July 7, 1911, 219 S. Main St., Danville, Va.

We acknowledge with thanks the receipt of Campbell College 1911

Commencement Program, May 18th to 24th.

PREPARATION OF SALMON CAVIAR

(From Consul Lester Maynard, Vladivostok.)

The ever-increasing demand and the diminishing supply of sturgeon caviar led the fishermen of eastern Siberia to experiment with salmon roe, which had not only been considered useless for human consumption, but had even been looked upon as injurious to health.

Up to 1907 the fishermen in the neighborhood of Nicolaevsk considered salmon roe as valueless, but from that time it was demonstrated that caviar could be made so as to prove commercially profitable, and of such a quality that, although it cannot compare with the taste of sturgeon caviar, it is nevertheless a great delicacy. Vast quantities of salmon roe are annually destroyed in Alaska, as they discovered no means of preserving it, and should a taste be created in the United States for caviar of this kind, it would develop into a very important industry. The limited supply of sturgeon caviar and the consequent high price places it beyond the reach of many who enjoy such delicacies, whereas salmon caviar could take its place and be practically within the reach of all.

To the uninitiated, it might appear as no bad thing, were the appetite for caviar to perish with the means of its gratification.—Editor.

Statistics in the largest hospitals for the treatment of ear, nose and throat show that considerably over 50 per cent. of the acute ear cases occur in children under ten years of age, and the great probability is that a large number of chronic cases in adults that come to the doctor for treatment originate from troubles which started in their younger days, the results of which are not noticed until conditions become so far advanced that treatment is often unsuccessful.—N. P. Wood, M. D., in *Northwestern Medicine*.

FATHER OF PHOTOGRAPHY

Friday, May 5, was the centenary of the birth of John William Draper, author and man of science, who has been called the father of photography. He was born at St. Helens, near Liverpool, in 1811. He left England for Virginia in 1833, and in 1839 became professor of chemistry in the University of New York. From 1850 to 1873 he was President of the Medical Department of that university. In 1839 Dr. Draper made a likeness of his daughter, Dorothy, by use of the means that have been developed into the present art of photography. His apparatus was very crude, consisting of a cigar box with a glass from his spectacles as a lens, but the achievement was important. Thirteen years before Daguerre had discovered the process of making what became to be known as Daguerreotypes, but Draper, who was doubtless inspired by Daguerre's achievement, made an advance in the process which was the inspiration of a development in art which is marvelous in its present perfection and its far-reaching utility.

A report from the United States Geological Bureau says that there is salt enough in the ocean to cover the surface of the United States with a layer one and six-tenths miles thick. It must have taken many thousands of years in the early geological ages to wash the earth fresh enough to be fit for the growth of vegetation.

WEST VIRGINIA

Dr. B. A. Chisholm has moved from Keystone, West Virginia, to Bluefield, West Virginia.

At the last meeting of the West Virginia State Board, four colored physicians took the examination, and all passed. Nine white physicians failed.

Dr. J. C. Ellis has located in Charleston, West Virginia.

Bluefield, West Virginia, can boast

of two drug stores, and both are up to date in every respect.

Dr. N. L. Edwards has opened a hospital in Bluefield, West Virginia.

The dentists are learning the fact that they are needed in West Virginia. As yet we have only three in the entire state.

The following circular letter issued by the Board of Health of Nashville, Tenn., to the physicians of that city is indicative of progress.

Dear Doctors:—

The following examinations are made in the laboratory of the Board of Health free of charge for physicians: Sputum for tuberculosis, Widal Reactions for typhoid, Throat cultures for diphtheria, Feces for hook worm, dogs for hydrophobia and cerebro-spinal fluid. Material for examination must be sent to the laboratory or to one of the following depositories:

Bloomstein's Pharmacy, Church St.

Cook's Drug Store, 7th & Woodland.

Blodeau's Drug Store, 5th Ave. N. & Monroe.

Noble's Drug Store, University & Carroll.

Neil's Drug Store, 16th. Ave. & Broadway.

Glen Leven Pharmacy, 8th Ave. S. & Douglas.

Wright's Drug Store, West Nashville.

Specimens must be accompanied by a slip showing name, address, age, color and occupation of patient, and must be in a sanitary condition.

ALL SPECIMENS NOT IN A SANITARY CONDITION WILL BE DESTROYED WITHOUT EXAMINATION.

Sputum should be collected in wide mouth, cork stoppered bottles, blood for Widal in capillary tubes or be allowed to dry on paper in the contour of the drop, throat swabs in tubes provided by the laboratory. Tubes and bottles may be obtained at the depositories mentioned above.

The co-operation of the profession is requested.

Very truly yours,
City Health Officer.

A Little Trip

Agreeable to the request of the officers of the Tennessee and North Carolina Medical Association, I left Tuskegee Institute on the 19th of June, to be present at the meeting of these two associations on the 20th, 21st, and 22nd of June, 1911.

I went by the way of Birmingham, Alabama, where I spent a pleasant night with Dr. U. G. Mason, in his elegant home. While there he agreed to prepare a paper for us, to be read at our Hampton meeting on the results of his experience with Salvarsan.

At 6 a. m., on the 20th, I was whisked briskly in his automobile to the Union Station, and took train by the way of the Alabama Great Southern for Chattanooga, Tenn., where I arrived in time for the opening session at 10:30 a. m.

The attendance was good, there being a representation of twenty-three from Nashville alone. A jolly, good-natured, earnest set of men they were. The President in his annual address, which was replete in good things sounded the key note for the convention, and an excellent session was held this first morning.

During the afternoon, a trolley ride of three hours length around the city and to Chickamauga Park was much enjoyed.

At the opening session, the Editor of the Journal, Dr. C. V. Roman, was called upon for a speech, and

after some preliminary remarks, much to the discomfiture of his assistant, he introduced the Managing Editor, who attempted to outline the work and object of the N. M. A., and the Journal, after which an appeal was made for funds, which resulted in a neat little collection.

On motion of Dr. A. M. Townsend, of Nashville, Tennessee, the Managing Editor of the Journal, and General Secretary of the N. M. A., was made an honorary member of the Tennessee Medical Association. For this honor, he here takes opportunity of expressing his gratitude; also for all the courtesies so generously extended by officers and members of the Tennessee Association on this occasion.

After a conference with the Editor-in-Chief concerning the furtherance of the work, and the shaping of the policy of the Journal, I took the Southern Railway train for Durham, North Carolina, where the North Carolina State Medical Association was to convene on the 21st of June. I arrived there late in the afternoon, in ample time to be refreshed and partake of an excellently prepared lunch at the home of Dr. Charles H. Shepard, and then repaired to the beautiful church where the night session was held. This was comfortably filled with an appreciative audience. Several timely, short addresses were made, and a paper on tuberculosis was read, which was of popular interest.

I was called upon before the close of the session, and for a few minutes attempted to tell what the Associa-

tion stood for, and what the Journal is doing, and made an appeal for membership and subscribers, which was responded to favorably. After this, the visiting physicians and citizens repaired to the basement of the church where a reception was held. Next morning, the Association again convened at 10 o'clock. I was on the program for a paper, to be read at the afternoon session of this day, but by reason of having received two telegrams, summoning me on business to New York, necessitating cutting short my visit to Durham, my paper was given preference. Immediately after, I took the train for New York.

Before the morning session, I took occasion to visit the offices of the North Carolina Mutual and Provident Association, where the manager, Mr. C. C. Spaulding, presented his check for \$5.00 as a contribution from this Association for the Journal. Our readers will note that this firm carries a half page ad with us in the Journal. I inspected their plant, and it was truly inspiring to see it, and the business which these enterprising men have built up, with the employment and training they are giving scores of the youth of the race. It is not simply a first-class Negro establishment, but a first-class insurance company, regardless of color. Remove the dark faces from their business offices, and no one would know what race of people was conducting the business. I left Durham at 11 o'clock on the morning of June 22nd, with much regret at being so hastily summoned away,

but delighted with my short visit, and grateful to the Association and friends for the hearty welcome extended.

June 23rd found me in New York, and being detained there on business for some little time, I endeavored to do something in the way of reviving an interest in the Association and Journal, and to that end met in conference several of the New York physicians at the Y. M. C. A. rooms on the night of June 24th. Among those present were Dr. George E. Cannon of Jersey City, Chairman of the Executive Board, Dr. E. P. Roberts, who so kindly arranged for the meeting, in conjunction with Dr. P. A. Johnson; Dr. R. C. Fraser, State Vice-president for New York, and Dr. James E. Cabaniss, and others. We talked in an informal way of the Association, and of the Journal, and of the coming Hampton meeting, and pledges of support were received; also through the energetic efforts of the State Vice-president, a nice little sum was turned in, in the way of dues and subscriptions.

Leaving New York on the midnight train, on the 3rd of July, I awoke on the morning of the 4th in Boston, and as my visit there was to be short, I had advised a few of the physicians of my coming, and asked if possible, that a little conference be arranged, so just prior to my leaving, on the night of July 5th, in spite of the extreme heat that existed in the city, and other unfavorable conditions, a number of the physicians gathered at the home of Dr. C.

N. Garland, where an excellent repast was served, after which the work of the Association and the Journal, and the interests of the Negro Medical profession were discussed at great length by all those present. Dr. S. E. Courtney, the newly elected President of the Medical Society was present and took active part as well as Drs. McCurdy, Harrison, and others.

Every man present pledged more earnest support to the Association, and membership dues for the Association, and subscriptions to the Journal were paid by those who were in arrears, and contributions for the Journal were promised for coming numbers.

Withal, I had reason to be very much encouraged with what I had seen in the way of medical progress, in these different and far distant cities.

I am under many obligations to Dr. E. P. Roberts of New York City, who took such excellent care of me and made it so pleasant in many ways for me, during my stay in that city.

J. A. KENNEY.

How is this for a Negro Physician with especial reference to the Jour-

nal of the National Medical Association?

"Anything run by colored people is not worth recognition."

SOME FALLACIES IN THE WEANING OF BABIES

Brown (California State Journal of Medicine): The following conclusions in regard to the breast feeding of infants have grown upon me during fifteen years of private practice and ten years of hospital work on a maternity service.

First.—That every mother, with rare exceptions can nurse.

Second.—That factors outside her physical condition do much in many cases to reduce her ability to nurse.

Third.—That even one breast feeding a day has nutritive value to the child.

Fourth.—An insufficient quantity of human milk is no indication of weaning as it can be easily supplemented and the medical and nursing profession can show many cases of difficult substitute feeding traceable to the doctor or nurse saying, "It is not safe to mix mother's and cow's milk."

The Journal acknowledges the invitation to be present at the 16th Annual Commencement of Charity Hospital Training School for Nurses at Savannah, Georgia.

The Board of Health of Nashville, Tenn., has issued for free distribution a valuable little pamphlet entitled, "The Care of Babies in Hot Weather."

Comment on The Journal

Dear Doctor: I send check of \$1.00 for Journal. It is O. K.

Yours truly,

(Signed) E. H. LEACH, M. D.

Therapeutic Notes

I agree most heartily with the following editorial from the American Journal of Clinical Medicine:

FASHION OR TRUTH?

What is one to do when he finds himself hopelessly out of *rapport* with the spirit of his times? The tide of professional thought and endeavor sets strongly in a direction of which he does not approve. Shall he allow himself to be swept into the current and be carried in the same general direction, seeking only to provide for his own interests and endeavoring to ride the waves instead of being submerged? Or shall he stand like a rock in the stream and deflect at least a portion into the better channel?

The trend of the medical movement is toward the specificity of disease, and to its treatment by means directed against each malady as a pathologic entity. The type of a remedy is antitoxin directed against diphtheria *per se*; applicable to every case, regardless of individual features, age, sex, race, symptoms, strength of patient, vehemence of attack, points of least resistance and greatest peril, environment, and accessory causes impelling toward malignancy and death.

The *treatment*? Over against the word "diphtheria" is set the other word, "antitoxin," and woe be to him who dares attempt to add aught thereto. Let his name be anathema. I have heard men in medical meetings demand that he who dares utter another word on treatment of diphtheria be refused a hearing! The truly scientific chap falls in line, and looks for therapeutic advance in serums, opsonins, salvarsans, and similar specifics.

I simply cannot and will not fall in line, It is of very little moment to the world or the profession that any one individual should stand aside from the crowd and be neglected. It means a very great deal to the world, and more to the medical profession than to any other, that the man in whose mind is implanted the conviction of

a truth should adhere to it. The freedom of humanity today is built on sturdy old Luther's declaration: "Here I stand, God help me, I can not do otherwise!"

The way of progress for us does not lie in the development of specifics for disease, but in the study of physiology, the detection of aberrations from physiologic function and their correction. Earlier, still earlier, we must learn to detect the beginnings of disease and the causes at work; to remove these and restore harmonious, equable activity to the organic functions. It is not the illustrious orator in the school, the skilled specialist, the daring wielder of bistoury and of scalpel, the accomplished manipulator of test-tube and reagent, of microscope and stain. It is *you*, YOU, YOU, who must do this work; the Doctor, unlimited, the greatest of specialists, he whose specialty is the man himself, not any single organ or region or tissue or function.

The way to study and treat cases is to individualize them, not take them *en bloc*. The time to take cases is in the beginning, before irreparable damage has been done. The way to treat patients is to strike at the causes of disease, to remove these, the foundations, when the malady will fall of itself. This means individual study, early study, steady surveillance; and this again brings us to the noblest of our duties, the prevention of disease, and its arrest in its very incipency.

I had one very serious case of poisoning from Epsom Salts. I most heartily commend the following article, clipped from Medical Progress. Editor.

MAGNESIUM POISONING

Boos (Boston Medical and Surgical Journal) asserts that magnesium poisoning is probably more frequent than is generally supposed, the true cause of the toxic condition remaining unknown in most cases. Two of the three cases which the author had the opportunity to study were brought to his

notice merely through the high specific gravity of the urine. In one case the specific gravity of the specimen obtained was 1,070, and in the other 1,080. These two cases recovered, while the third case ended fatally. Fraser reports a case of his own and discusses six others which he found in literature. Five of these six cases ended fatally. In the author's three cases the intoxication was undoubtedly caused by the absorption of large quantities of magnesium sulphate from the gastro-intestinal tract.

The author has made a careful study of the ten cases now available, and in addition has carried out certain experimental work on the conditions which govern the absorption of Epsom salt solutions. He finds that in the absence of hydremia, the tendency of magnesium sulphate to be absorbed increases with the concentration of the solution, the dry salt being completely absorbed without action on the bowels. This fact was shown by Hay to be true also of Glauber salt.

In hydremic conditions, however, the salt, even when it is given in very concentrated solution, is not absorbed. It appears therefore, that the practice of giving very concentrated solutions of magnesium sulphate to deplete the system of excessive water is rational, but perhaps not without possible danger.

In the absence of edema or ascites, the object of giving magnesium sulphate can be none other than to produce efficient catharsis. To attain this object without incurring the danger of intoxication from absorption, the salt is best given in solutions not exceeding 6 per cent. in concentration. Above this concentration more or less magnesium sulphate is absorbed and is lost to catharsis while its presence in the circulation is a menace to the patient's life.

In the wards of the Massachusetts General Hospital the patients are now given one-half ounce of Epsom salt dissolved in three ounces of water, to be followed immediately by a glass of water (6 ounces); this represents approximately a six per cent. solution.

A description and discussion of the cases of poisoning now known, as well as the de-

tailed results of the author's investigations on Epsom salt absorption, will be published in a longer paper.

SOME PLAIN TRUTHS CONCERNING ARSENO-BENZOL

1. Arseno-benzol does not cure syphilis, though it may cause its symptoms to disappear with greater rapidity, and may be more immediately efficacious than mercury.

2. It does not displace mercury in the treatment of ordinary cases; and when it is employed it should be followed by the usual mercurial medication.

3. It is indicated in:

a. Early cases, where it is especially desirable to remove all symptoms as quickly as possible, as for social reasons or to lessen the dangers of contagion.

b. Relapsing or refractory cases of later disease, in which mercury is ineffective or insufficient.

c. Cases in which the integrity of important organs is threatened, and in which haste is imperative.

d. Cases which cannot be subjected to careful and systematic observation and treatment.

4. It is contraindicated in:

a. Cases having serious internal organic lesions.

b. Cases having any optic nerve lesions.

c. Cases of late syphilitic effects, such as tabes, paresis.

5. The best method of administration is the intra-muscular one, the clear solution being employed, and the quadratus lumborum site being selected.

6. Hospital care, or its equivalent at home, is required; it should never be administered in the office or dispensary.

(Dr. W. S. Gottheil, *Internat. Jour. of Surg.*, Mar., 1911.)

The fourth of July celebrations are often followed by a large number of cases of tetanus.

Prophylaxis is the best method of treatment of tetanus yet devised. Our readers are cautioned to remember the use of tetanus antitoxin as a prophylactic measure in gunshot and blank cartridge wounds, also in nail punctures, and other conditions where tetanus may be expected.

CURRENT MEDICAL THOUGHT

Prepared by Special Correspondent

A New and Apparently Successful Method of Treating Metabolic Osteoarthritis, Socalled Arthritis Deformans. P. W. Nathan, *Journal A. M. A.*, Vol. LVI, No. 24. Nathan classifies all joint affections thus:

1. Inflammations or infections:
 - (a) Infectious arthritis. (b) Infectious osteoarthritis.
2. Degenerations, i. e., trophic diseases:
 - (a) Trophic arthritis. (1) Metabolic arthritis. (b) Trophic osteoarthritis. (1) Senile osteoarthritis. (2) Neurotic osteoarthritis. (3) Metabolic osteoarthritis.

Before he takes up the treatment he discusses the pathology and symptomatology of joint lesion and uses the term metabolic osteoarthritis to designate what we ordinarily speak of as arthritis deformans.

Calling attention to the fact that in all of the cases there is a profound disturbance of nutrition, he believes in a generous diet of highly nutritious foods, including olive oil, fats, and even alcohol. He is opposed to drastic eliminative treatment, stating

that in every instance, in his experience, it has done harm. Since the joint condition is due to a deterioration of the nutrition, we must guard against disturbing the digestion with too much medication. The administration of the iodides and the usual anti-rheumatic remedies, he has entirely discarded in this condition.

After four years experience with thymus gland extract, he believes he has found an agent that, in connection with proper dietetic and hygienic management, massage, etc., will cure the majority of the most stubborn cases of this malady. The treatment must be persisted in for a long period of time. He does not know how it acts, nor does he claim that it is a specific. Two to four tabloids of 5 grs. each 3 times a day are used. Preparations put up by any reliable house are suitable, but that put up by the beef-packers are inert.

Peritonitis in the Service of Dr. J. Price

By J. W. KENNEDY

Surgery, Gynecology and Obstetrics. Vol. XII, No. 6.

This article is abstracted chiefly because of the very radical position taken by the writer and Dr. Price in reference to the treatment of peritonitis. They are completely at variance with the present-day conservative tendencies in the management of these cases. A strong plea is made

for complete primary operation in all cases, in direct opposition to the Murphy teaching of incision and drainage with as little toilet as possible and the Ochsner treatment of delay. They seem to believe in complete extirpation of the focus in every case whether it be a pustule, appen-

dix, or what not. It is the further practice of Dr. Price to make thorough toilet of the peritoneum, break up all adhesions, in other words, to leave nothing whatever to nature. They are against the use of the Trendelenburg position in pyosalpynx, and their attitude as to instruments and gloves may be guessed from the following statement: "Just as our technique has become more complicated, and fanciful instruments have been substituted for our intelligent fingers, in due proportion has the pus work grown more incomplete and last of all comes the gloved hand to sound the knell of finished surgery. They have armoured the hand and thus thrice stimulated the foe, with the result that adhesions are looked upon as a sacred wall surrounding a conquered foe."

In support of their position they contrast incomplete work, "with its companions of prolonged convalescence, multiple operations, bowel obstructions, metastatic conditions, fistula, etc.," with asserted brilliant results and almost no mortality following early and complete removal of an acute infectious lesion of the abdomen.

Kennedy believes that the vicious and rapidly fatal forms of intra-abdominal infections with no distention are not truly peritonitis, but rather retroperitoneal infection or lymphangitis. There is no appendix so im-

portant to early removal as the one in retrocecal position, and this is the anatomical position of the organ, which must often be neglected by those who do not advocate its uniform removal. In reference to drains they have the following to say:

"There has been no greater mistake in the surgery of suppurating lesions and peritonitis than the discarding of the extensive gauzedrain and the substitution of tubal drainage.

In suppurating conditions where extensive areas are involved, tubal drainage is not sufficient in scope of area drained, and predisposes to intestinal obstruction. Gauze is not only more prolific in its drainage but it has a most valuable mechanical advantage. It is impossible to insert a good cofferdam unless the pathological lesions have been removed and all adhesions broken."

He joins the common plea for early diagnosis, but says: "The greatest barrier I see to early work is the specialist who refuses to operate today, would have operated yesterday, and promises to operate tomorrow if patient is better."

"For years Dr. Price has called attention to the necessity and urgency of exposing the first foot of the ileum. I am at a loss to know how the physiological surgeon can get through or over the top of the inflammatory Chinese wall, take care of Mr. Lane's link and still have the proper respect for the integrity of this so-called protective wall."

Treatment of Cough in the Consumptive

By F. M. CLASS, M. D.

Journal of the American Medical Association. Vol. 56, No. 20

This author defines several types of cough and treats them accordingly. First, the type occurring in the earlier stages of the disease when patients complain of the attack of coughing, directly after getting out of bed in the morning. In nearly every case this cough is beneficial, and unless followed by exhaustion or retching it destroys all appetite for breakfast, may be let alone.

Retching is often due to excessive pharyngeal mucus, which may be prevented by a simple gargle kept beside the bed and used immediately on waking, to cleanse the walls of the pharynx. The following prescription may be used:

RX—Acidi Borici	30		
Phenolis			12
Glycerini	8		
Aq. Rosa	4		
Aq. Destillatae ad	240		

Sig. use in half glass of water as a gargle

He emphasizes that mental suggestion, carefully regulated exercises, mild calisthenics, a series of deep full inspirations, holding the breath several seconds, etc., are all powerful aids.

In the constant dry, and nagging cough which lasts off and on, all day, a long uvula may be to blame. Amputation of this offender often gives prompt relief.

Large turbinates, adenoids, enlarged tonsils, and ulcers of the larynx, all demand local treatment.

Still another type, according to

the author, appears to be due solely to fever and is remedied by rest in bed and judicious hydrotherapy. A form is due to a small patch of plueritis. Counter irritation with mild mustard plasters repeated every four hours, or better still, strapping the chest for four or five days is quite efficient.

The following has been suggested to check excessive secretions in the nasal pharynx:

RX. Iodini Puris	0		1
Potassii Iodidi	1		0
Glycerine	10		

M. Sig.—Paint the naso pharynx every day.

Next is considered the type of cough that occurs after eating. This is presumably due reflexly to the dilatation and sudden activities of the stomach walls. Small, more frequent meals should be given and in some cases it seems best to have the patient recline for a short while after eating.

Sudden changes of temperature, such as that experienced on leaving a warm church or theatre, often start vicious attacks of coughing. Standing in the entry for a few moments, and protecting the face with a handkerchief, until several full inspirations of cool air are drawn may prevent the attack.

It is unnecessary to say that if the patient's occupation brings him into contact with dust he should find new work.

Two remaining types are consider-

ed, in which drugtherapy would seem to be clearly indicated. Austin Flint taught that, "expectorants have no place in the treatment of phthisis. An expectorant remedy that includes nauseants must do harm by interfering with alimentation and digestion. Cough palliatives, containing opiates are allowable only when the violence or frequency of cough causes fatigue and prevents sleep."

A number of methods are advocated to allay hypersecretion, foremost of which stands the use of the perforated inhaler. The principal drugs used in the inhaler are creosote, or formaldehyde solution in some combination. Following are examples:

RX.—Creosoti G
Chloroformi
Spts. vini Rectificati
Equal parts

RX.—Formaldehydi (40 per cent.) 1
Chloroformi 2
Mentholi 0.30
Ol. pini 0.75
Spts. vini rect. ad 15
M.— Use 10 drops on inhaler

Induced hyperemia has been employed in the attempts to check excess secretions. (Quincke.) The foot of the bed is raised from nine to twelve inches, in the early morning for two or three hours and again at night. Guaiacol, by mouth is somewhat milder and safer than creosote.

Preissnitz recommends hot, wet, compresses to the throat and neck. Heroin for a short time seems to work well. In other cases codein is preferable, and has the advantage of being less constipating. In the terminal hopeless stages, free use of morphine seems imperative. The following combinations are said to be excellent:

RX.—Morph. Sulph. .005
Tr. Belladonnae .30
Ammonii Chloridi .30
Aquae destillatae 4.00
M. Sig.—Such a dose every 4 hours if necessary.

RX.—Ext Opii
Ext Belladonnae a a .12
Chloroformi 1.30
Syrup Tolutani 30.
Aquae Dest. 120.
M. Sig—A teaspoonful every 4 hours.

A New Sign of Tubal Pregnancy

W. W. GOLDEN

West Virginia Medical Journal

Under this caption Golden describes a more or less striking paleness of the cervix as being almost pathognomonic of tubal pregnancy. From the fact that it is only present in those cases of tubal gestation in which there is active bleeding, this

sign is of value chiefly in the differential diagnosis from threatened or incomplete uterine abortion. Obvious other causes of uterine hemorrhage should be excluded in order that the sign be of any value.

Abdominal Pain and Tenderness, Muscular Rigidity, Etc. in Thoracic Disease, Pneumonia and Pericardicis

ARTHUR R. EDWARDS

Journal American Medical Association

Edwards states that the object of his paper is to establish clearly the existence of deep abdominal tenderness, muscular rigidity, collapse and the Hippocratic abdominal symptoms of rupture and peritonitis impurely thoracic infections.

He reports two typical cases, one of pneumonia in a man age 32, the second case of pericarditis in a boy age 14, both of which began with definite and distinct abdominal findings, but which at operation were negative abdominally.

The author very properly admits that his cases are not unique or even infrequent, but feels that too much stress is placed upon the possibility of differentiation directly by the absence in thoracic, of abdominal tenderness and other intrinsically abdominal findings. He protests against the statement made by Melchoir that abdominal conditions may be separated from this pseudo-peritonitic group by the characteristic and sudden cease of pain; every clinician, he says, has learned to dread the sudden treacherous improvement witnessed in appendicitis, when gangrene or rupture relieves the tension of the part involved.

In going over the literature he finds tenderness and rigidity frequently described. Collapse is seldom described. The general symptoms often in some way suggest a constitutional infection or respiratory localization. The significance of fever, higher than is usual in appen-

ditis, is emphasized by some writers. The gray color (teint plumbe) of the skin is important, in Kirmisson's opinion. Anxiety is especially marked in some cases. Headache, severe cerebral toxemia, chills, cough, rate and character of the breathing are important. Confronted with an instance of abdominal pain the clinician differentiates what he calls the triad of confusions—tabetic crisis, respiratory infection and vertebral disease.

He concludes as follows:

1. Pneumonia, pleurisy, and pericarditis, at their very onset may present absolutely no symptoms other than the abdominal findings.

2. These phenomena of invasion may completely resemble appendicitis, peritonitis of other etiology, or even the collapse of perforation.

3. Diagnostic errors and unnecessary operations may be unavoidable. Immediate operation is imperative and the small percentage of error is negligible in comparison with the benefits of early operation in genuine indications (particularly as 80% of patients operated on mistaken diagnosis recover).

4. The tenderness does not always remit with flat pressure. Relaxation of the abdominal wall, between respirations, is not invariable.

5. The general symptoms do not invariably overshadow the local, the latter at times being the more salient.

He closes with a list of the most important articles bearing on the subject.

The Injection of Magnesium Sulphate for Acute Articular Rheumatism

A. B. JACKSON

New York Medical Journal, June 24, 1911

Jackson reports in detail five cases in which, after other methods had failed, he obtained excellent results by the intramuscular injection of Magnesium Sulphate.

He thus describes his technique: "I employ an all glass Luer syringe of five cubic centimetres capacity, observing all aseptic precautions, and selecting any muscle that is handy as the point of injection. At present I am using a twenty-five per cent. sterilized solution and injecting four cubic centimetres into adults. Up

to this time I have treated no children, but I should use it without hesitancy in proportion of one cubic centimetre of the twenty-five per cent. solution to each twenty-five pounds of body weight."

As to the effect of salts on the bowels by injection, he states that in some cases active purgation is produced, while in others there is no apparent effect.

The method seems worthy of trial.

An Operation for the Relief of Tuberculous Peritonitis

A. JUDD

New York Medical Journal, June 24, 1911

Almost miraculous results are claimed after operating by the following method: Incision three to four inches in length is made through the right rectus muscle. Upon examination of the viscera and parietal peritoneum disclosing the diagnosis of tuberculous peritonitis, the patient is eviscerated so far as possible. The intestines being caught in a nest of hot towels, are thoroughly washed with a solution of fifty per cent. hydrogen peroxide. The abdominal cavity is then thoroughly flushed with the same solution, after which it is washed out with normal salt solution equally thoroughly, as are the intestines. These are then replaced in their proper position within the abdominal cavity, and the same is closed with three layers of sutures.

This manner of handling these cases is said to be without the disadvantage of secondary infection, so common after the older methods of operating. The writer further claims that the hydrogen peroxide is of value not only therapeutically but also as a means of diagnosing the condition in its earliest stages before it is readily perceptible by other means. The smallest miliary tubercles show up pearly white on pink background when hydrogen peroxide is washed with normal salt. In this manner the writer says he has differentiated primary tuberculous appendicitis.

Lastly the desirability of early getting out of bed (8 to 12 days after operation, hygiene, tonics, and forced feeding are emphasized.

Total Congenital Absence of the Vermiform Appendix

U. G. DAILEY

Journal Surgery, Gynecology and Obstetrics, October, 1910

The rarity of total congenital absence of the appendix in man is shown by quotations from numerous writers of authority who think that the anomaly does not exist in reality. The writer admits that it is indeed a fact that many cases reported as instances of true lack of appendix are only apparent, the organ either being in some obscure

anatomical position, or has been destroyed by disease.

Out of several dozen cases reported since Morgagni in his *Adversaria Anatomica* (Vol. 3 1719) mentioned the fact that the condition may exist, Dailey considers only twelve as being probably authentic, to which he adds and reports in detail one observed by himself.

The literature is reviewed.

Administration of General Anesthetics with Special Reference to Ether and Chloroform

I. C. HERB

Journal American Medical Association, Vol. LVI., No. 18

This writer, who is an instructor in anesthetics in Rush Medical College begins with the startling announcement that death from anesthesia is on the increase. In accounting for the relatively large number of anesthetic deaths the writer mentions the following factors:

a. Administration of anesthetics by administrators who are inexperienced.

b. Administration by those who have had a fair training, but who are careless, poor, observers, or have too much confidence in the anesthetic.

c. Questionable methods of anesthesia.

d. Surgeons are frequently at fault in insisting on a deeper anesthesia than is necessary or safe, especially if an inexperienced individual is acting as anesthetist.

The remedy for these evils is education. Thorough didactic and practical anesthetics should be made obligatory in medical schools. Every hospital in which much operating is done should have the services of a paid anesthetist.

As to the comparative safety of ether and chloroform, experimental investigations have joined with clinical observations to prove that the former is far safer than the latter.

She is opposed to the giving of drugs before ether and chloroform anesthesia. Not the least objectionable feature of the preliminary use of morphin—atropin combination is that the pupillary reaction is masked.

Strychnin is regarded as the most valuable of stimulants for cases of temporary depression during anesthesia.

On Health Needs

In no profession or trade is there a larger margin between what is known and what is utilized than in medicine. A recent writer* sets forth some rather startling facts along this line in the March number of the "Annals of the American Academy of Social and Political Science." These abstracts will give an idea of his contentions.

"The gap between what we know and what we get done—between obvious opportunities for large giving and the actual large giving for health purposes—is one helpful index to the present status on the 'health movement' in the United States. It is not true, as one is apt to imagine when reading a list of health activities—of beginnings such as are described in this volume—that a nation has been won over to a full appreciation of its health problems. True, subjects that were considered impossible for use in the magazines and newspapers ten years ago are given prominent places with profuse illustrations. True, as the physician has lost his monopoly on knowledge of health laws, the layman has found health stories and health work absorbing. True, our bill-boards, street cars, magazines and newspapers, afford innumerable evidences that huge factories have been built and stores started to cater to the new appreciation of health laws—e. g., vacuum cleaners, incinerators, sanitary drinking fountains, sanitary underwear, ventilated shoe-soles, disinfectants, "spotless town" soaps, health cereals, etc. Yet we are barely beginning, and cannot go much farther without giving new direction to two forms of private benefaction: (1) money gifts by rich men and women; and (2) through gifts by those who most influence private giving and public spending.

If private giving had none but positive influence, we could afford to disregard it, or its volume is small when compared with health work done through taxes. But private giving has also negative, obstructive

deflecting, inhibiting influences on those who read of it. In fact, its thought and feeling product is vastly more significant than its cure or relief product. For example, when John D. Rockefeller said to the world, "There will never be money enough to do the world's up-lift work," he started in motion forces and doubts and compromises that will do vastly more harm to the South than the hookworm. On the other hand, by a statement in his autobiography that there is money and to spare to do the world's uplift work, the world's most intelligent giver on a large scale would have done more good than millions for health or medical education. Therefore it behooves us who are enthusiastic over the immeasurable strides made by the "health movement" to consider the direction of our thinking about the work that remains to be done."

"Utilization of health knowledge already known requires attention now more than the discovery of facts heretofore concealed. With almost negligible exceptions, we can stamp out diseases common to man without knowing one more fact regarding medicine. The great problem for the next few years is to show medical men themselves and philanthropists who like to give money for training medical men and for medical research that the supreme need is for administrative use of medical knowledge already in hand."

"It is not true that a cause is always advanced when everybody comes to see the necessity for promoting it, and when everybody talks about it. Oftentimes consciousness of social need acts like a drug, putting the public to sleep instead of opening its eyes, unless supplemented by administrative acts which harness public conscience and public intelligence to efficient daily routine work."

"Social workers and the philanthropists and the officials they try to influence can pay biggest dividends these next few years by seeing and taking the administrative steps necessary to utilize every day in the year, the knowledge they already possess through the only agencies which belong to all of us, which make mistakes or advance steps in the name of all of us,—our city, county, state and national governments."

*William H. Allen, Ph. D., "Health Needs and Civic Action."

The Truth about Medical Ethics

The unsavory pictures of the present state of medical ethics, painted in the daily newspapers of some of our large cities, deserve special attention because most of the light thrown on these pictures has been furnished by well-known members of the profession, and ethics in medicine is no more or less than ethics in any other respectable calling, and in principle is a mere rule of conduct which should govern men of honor. The basic error in a cut-and-dried code of ethics, however, lies in the assumption that all men are honest, and since such a general statement can never hold true, there is no valid reason for presuming that that portion of the human race which enters the study and practice of medicine consists entirely of honest men. Even though medicine may be the most honorable profession, even though traits of character are necessary in a physician, which are not required in any other line of work, doctors are still human and subject to all those temptations which a mere human being finds so hard to resist. Principles of absolute right and wrong have not proved satisfactory in the solution of the world's morals: what is wrong with one generation becomes right with the next, and the customs of one age or of one people constitute the court of last appeal on ethical questions relating to that people. In other words, morals result from conventions made by environmental development and tending toward what for the time being, is the greatest good for the greatest number. Polygamy, today, is unethical, not because of any inherent immoral principle, but because civilization has reached a stage in its evolution when monogamy is productive of the greatest good.

Reverting now to medical ethics, it seems well worth the trouble of looking matters square in the face, and of separating the truth from the nonsense. A system based on theoretical ideals of great beauty will be successful only when it is supported by men of corresponding ideals. And it were an idle dream to believe that the thousands of

men who enter medicine are able to separate the magnificent opportunities for self-sacrificing endeavor from the business of living. Physicians who spend years in training have the normal right to demand a fair return in wage from their profession. The step from this fair return to the business of making money is short and quick—and then the physician becomes the business man. This brings up a new point of view; if my neighbor who runs a shoe shop can use any honorable means to get customers, if he can advertise that his shoes last longer than Blank's, why cannot I do the same? Why must I, who know my subject better than Dr. Jones, wait in my office till some automobile accident sends me a fracture to set? Why cannot I use the same good business methods that my father employed—and my father is an honorable citizen of his community? Old Dr. Gray, who has just returned from Europe, has a column in every paper, young Dr. Green certainly uses methods that are not strictly ethical, yet both are members in good standing in the medical societies, both "enjoy" many comforts in life which I must deny myself. because I adhere strictly to the letter of the code. When I see medical politics running societies, when I see schools where graft and money are the prime reason for appointment, I cannot help asking "what's the use?"

This point of view is logical and cannot be snickered at or passed over in silence. The invasion of the ideals of practice by the desire of doing a good business is, however, the root of the evil of bad medical ethics, for as soon as commercialism controls medicine, so soon does the structure fall to pieces. Today, although we have a code of ethics, we have in the profession a much stronger and older passion—the struggle for existence: a passion against which stronger forces than regulated morals have beat their wings in vain. The struggle of the beginner to be decent is unfortunately as a rule, not helped by communion with the men "already there," too many of whom measure their success by the additional zeros on their bank account. It is a safe commentary on the working of the human mind to say that

it is far easier for the man on top to preach ethics than it was for him to practice the same principles when, perhaps, his next meal depended on the arrival of a patient.

The present standard of ethics is theoretically the remedy for the disease, but practically because of the natural limitations of humanity it falls short of its purpose. As a deeper therapeutic endeavor, we suggest the thought that the decrease in the number of physicians, which is bound to result from the bettering of educational requirements, will eventually be one of the most efficacious agents in the fight for cleaner medical morals. As long as the supply of physicians exceeds the demand, so long will monetary considerations remain the basis of practice, and the tentacles of greed in reaching for the needed money of the patient will not hesitate to grasp and destroy the reputation of a neighbor. Further, it is necessary to realize that common-sense interpretation of ethical conduct is more conducive to honesty than blind obedience to any code. He who wants to be honorable will be so, and he who wants to cheat will cheat, whether or not a code exists. All men should be compelled to adhere to common laws of decency and honorable dealing, and infringements of these laws, whether executed by the old and the tried, or by the young, should be considered sufficient ground for an open ostracism.—*Inter-state Medical Journal*.

Late Results of Operation for Cancer of the Breast

Dr. Mauclaire (*Gaz. des Hop.*) has found that late edema after operations for cancer of the breast is usually of lymphatic origin, and its comparative frequent occurrence at the present time is due to the radical character of the procedures employed, particularly the removal of numerous lymph channels. It has been shown that the post-operative diffusion of mammary cancer takes place not only through the axillary, but mainly through the intercostal lymphatics. If these become obstructed, the backward flow of lymph is impeded and a hard painful edema of the arm develops, which

may extend over the entire limb. Occasionally the swelling affects the supraclavicular region. Such lymphatic edemas point to an unfavorable prognosis because of the probability of a deep-lying recurrent growth. The immediate mortality of operation in mammary cancer, notwithstanding the radical character of the methods employed at the present time, amounts to only two per cent. In view of the fact that recurrences after operation are liable to take place after the three-year period, it is advisable not to speak of a cure until at least five years have been allowed to elapse. Viewed from this standpoint, the results of even the most radical methods are less favorable than is usually assumed, and moreover, the varying nature of carcinomata should be considered in this connection. It will appear that nothing so far suggested will prevent recurrences, and cases are sometimes met in which, though the first excision was incomplete or a subsequent operation was required for a return of the disease, the duration of life far surpassed that in many cases in which the most radical procedures had been employed from the start.—*Medical Progress*.

The *Interstate Medical Journal* for February, 1911, concludes a well-written editorial on "The Much-abused Title of Doctor of Medicine" as follows:

After studying the conditions, as they exist in all our large cities, are we wrong in saying that it would be advisable for the qualified practitioners to take the matter in their own hands, if they hope for a fruition of the desire to elevate the title of doctor of medicine to the heights upon which it rested until it was dragged through the mire by the unscrupulous? Would it be futile to evolve a plan such as this: All qualified practitioners be compelled to write "doctor of medicine," i. e., Dr. Med. in front of their names?—a compulsion that should show no laxity, since its object is not only to instruct the people at large, but prevent the osteopath, the optician and others too numerous to mention, from arrogating to themselves an

honor that, on account of its bastardy, is today an exceedingly commonplace designation. Now this may sound Utopian, but it is done in other countries—namely, in the German speaking ones, where systematization is a cult that it would be well for us to follow. Of course, there is no denying that this would be a slavish imitation of something that is foreign—hence, despicable; but despite this apparently insuperable drawback, and not overlooking the awkwardness of the more elaborate designation, would not the results counteract these and other objections? We think they would, for the reason that almost immediately the line of demarcation would plainly show who is the doctor of medicine and who is the doctor masquerading in soiled and tattered garments that must be cautiously arranged to hide his ignorances.

Early Pulmonary Tuberculosis

The too general failure of the medical profession to diagnose the early stages of active tuberculosis is made the subject of criticism by W. V. Brem, Christobal Canal Zone (*Journal A. M. A.*, June 3), who says that the conclusion is unavoidable that the mass of the medical profession is delinquent in this regard. It is probable, he thinks, that the infection, if recognized and treated early, could be arrested in most cases of tuberculosis. Such early diagnosis is possible, he maintains, even though the obvious symptoms may not be present and the patient appears only as a mild neurasthenic. The temperature observations in such cases would be very useful. It is important that the physician should thoroughly know the normal chest, and Brem notes particularly one or two slight abnormalities, such as a slightly louder breath sound in the left base and small areas of harsh breathing due, he believes, to approach of the relatively large bronchi to the surface and the thinness of muscle covering on these spots. The location of progressive tuberculosis is generally at the apex and one may see in the early stage slight drooping of one shoulder with wasting of the shoulder-girdle muscles, most significant on

the right in a right-handed individual, or on the left in left-handed ones. The early physical changes, as shown by palpation, percussion and auscultation, are described in some detail. In the latter it is of the first importance that the patient should breathe properly when auscultated. Brem's experience with the strong cutaneous and conjunctival tuberculin tests coincides with that of Hamman and Wolman. That is, that the conjunctival test with 1 per cent. old tuberculin is safe when proper care is exercised; that when it is positive, together with suspicious symptoms or signs, the patient should be treated for tuberculosis; when it is positive without symptoms or signs, close medical supervision will be sufficient, and when the test is negative the result is not of great significance. Radiography in the hands of an expert is a valuable procedure for early diagnosis and most helpful in the confirmation of diagnosis by other methods and in indicating the extent of the disease. It cannot however, supplant other methods. The combinations of symptoms which he has most frequently observed in an early case are: first, a persistent slight cough with or without a little morning mucopurulent expectoration, and with an afternoon temperature of from 99 to 99.5 F. Rest in the hospital usually causes the fever to subside within a week. There is generally a slightly shortened high-pitch percussion note in the supraclavicular or intraclavicular or upper interscapular regions, and the apical outlines are a little narrowed on the affected side. The second group of patients feel run down and nervous, lack appetite and sleep badly. There may be no cough, expectoration or fever, but they have usually lost a little weight and the physical signs are generally like those of the first group. In a third group the onset is with a pleurisy, dry or otherwise, and usually with fever. The two conditions that are apt to cause confusion are influenza and neurasthenia. In the former the presence of influenza bacilli and absence of tuberculosis ones, with the other tests, should clear up the diagnosis. Neurasthenia, Brem says, should never be diagnosed without testing for tuberculosis. As tuberculosis is one of the commonest of all fatal diseases, it should be early diagnosed, and our hope of its ultimate eradication or control lies in the education of physicians and their attention to this point.—*Journal A. M. A.*

Tuberculosis Diagnosis

The tendency to delay the diagnosis of tuberculosis by physicians out of regard for the feeling of the patient and for other reasons is strongly condemned by W. H. Bell, Colon, Canal Zone (*Journal A. M. A.*, June 3), who says that too much reliance is placed on negative laboratory tests. The presence of tubercle bacilli in the sputum can only be confirmatory of what ought to have been discovered months before, and in a vast majority of instances the patient's chances are seriously compromised by the delay. It is true that of late years the people have come to dread the stigma of having tuberculosis, but this should properly rest only on the physician who fails to diagnose it in its early and curable stages. It will not be too great a shock to the patient if we are able to say that the disease is only incipient and can be overcome by proper methods. With the presence tendency to be over-cautious in making a diagnosis there is no danger, he says, of magnifying the import of symptoms and signs. The various tuberculin tests and x-ray, together with the microscope, are too often made the pretext evading the older and arduous method of eliciting the evidence from palpation, auscultation and percussion. He does not underrate the laboratory methods, but would make them secondary rather than depend on them altogether.

Vaccines in Otitis Media

C. L. McDONALD, Cleveland (*Journal A. M. A.*, June 3), gives his experience with the use of autogenous vaccines in subacute and chronic otitis media, and reports two cases. He finds the method of decided value in subacute cases, but less reliable in chronic ones. In the former, it is the best treatment, but in the latter it should be employed when other methods fail, and may be considered a means capable of producing some improvement in about 50 per cent. of cases, and occasionally a strikingly favorable result. In the subacute condition no other method is equal to it, and its early use will greatly diminish the large number of chronic cases.

Fly Contamination With Poliomyelitis Virus

S. Flexner and P. F. Clark, New York, describe (*Journal A. M. A.*, June 10) experiments which they carried on to establish the possibility of the dissemination of the infections of poliomyelitis by house-flies. They allowed full-grown laboratory-bred flies to feed on the spinal cord of monkeys infected with poliomyelitis. The flies were then killed, ground up with sand and extracted with saline solution from which a bacteria-free filtrate was obtained. This filtrate was injected into the brains of monkeys on which autopsy showed the usual lesions of poliomyelitis. The experiments showed that flies contaminated with the virus of poliomyelitis harbor the virus of poliomyelitis in a living and infectious state for at least forty-eight hours.

Pellagra

S. R. Roberts, Atlanta, Georgia, (*Journal A. M. A.*, June 10), applies Dr. Sambon's theory of the origin of pellagra from the bite of a Simulium to the occurrence of the disease as observed in Georgia. He reproduces the five propositions of Sambon, viz., that it is not due to the eating of maize; that its foci are in the neighborhood of streams infested with the Simulium and have been so for a century or more; that the pellagra stations are closely associated with streams of running water and that it is a periodic disease, agreeing in this respect with the seasons of activity of the Simulium fly. He has obtained reports from thirty sources as to the occurrence of pellagra and the environment as regards streams of running water, and found that in all cases they were in the close vicinity of the latter. The reporters were independent of each other and had no prepossessions in regard to the subject. The topographic conditions of the regions where pellagra occurs in Georgia are very similar to those of northern Italy, where pellagra abounds and there is a like abundance of Simulium flies. The seasonal incidence in both is the same and the cases occur alike in rural communities and not in the towns. The corn theory is not supported by the facts in either country.

Books, Pamphlets, Lay Press, Etc.

Though undoubtedly an advertising medium for the Abbot Alkaloidal Company, "Helpful Hints for the Busy Doctor," is true to its title and well worth reading.

The South Western Christian Advocate, one of the oldest of our religious papers, devotes more than a page of a recent number to review of "Negro Life in the South," a new book on an old subject by Dr. W. D. Weatherford, a Y. M. C. A. worker. Prof. Dyer of Vanderbilt University mars the book by a labored defense of slavery and slaveholders, under the misleading title of "The Economic Conditions of the Negro."

The chapter is a vindication of the State Senate of Tennessee in refusing to confirm Prof. Dyer as Superintendent of Public Instruction in that state.

We acknowledge the receipt of the Educational Number of The A. M. Bulletin, published bi-monthly, from September to May, by the A. M. A. A useful manual for those interested in medical education.

THE JOURNAL acknowledges receipt of a copy of Glycosuria, by S. H. Blodgett, M. D., 419 Boylston St., Boston, Mass. Reprinted from North American Journal of Homeopathy.

There has come to our desk a copy of the Institutional Quarterly, Vol. 1, No. 4., February, 1911,

Springfield, Ill. This volume is replete with valuable matter of special interest to sociologists, and will well repay the student for the time spent in its perusal.

We acknowledge receipt of the Bulletin of the American School of Home Economics. Food Values, Practical Methods in Diet Calculations. 506 West Sixty-ninth Street, Chicago, Illinois.

We acknowledge receipt of invitation to attend the graduating exercise of the Lincoln Hospital Nurse Training School, May 14 and 15, 1911. Annual sermon was preached by Rev. J. W. Lynch, D. D., Durham, North Carolina, and annual address delivered by Dr. Hubert A. Royster, Raleigh, North Carolina. They have four graduates in nursing this year.

We acknowledge receipt of a copy of "Pellagra in Buffalo," by Grover W. Wend, M. D., Buffalo, N. Y. A little monograph describing the only case of pellagra thus far recorded appearing in a person born in Buffalo, and probably the second reported as native in New York state. From this same brochure we get the statement that 5 to 7,000 cases have occurred in the United States in the last 5 years, and that it is not confined to the South, but that many cases have occurred in the Northern States, even as far North as Michigan, Massachusetts, and Washington State.

MERCK'S MANUAL OF THE MATERIA
MEDICA

(Fourth Edition)

A Ready Reference Pocket Book for the Physician and Surgeon. Containing a comprehensive list of Chemicals and Drugs—not confined to "Merck's"—with their synonyms, solubilities, physiological effects, therapeutic uses, doses, incompatibles, antidotes, etc.; a table of Therapeutic Indications, with interspersed paragraphs on Bedside Diagnosis, and a collection of Prescription Formulas, beginning under the indication "Abortion" and ending with "Yellow Fever;" a Classification of Medicaments; and Miscellany, comprising Poisoning and Its Treatment; and an extensive Dose Table; a chapter on Urinalysis and various tables, etc. (Merck & Co., 45 Park Place, New York. 1911. 493 pages. Sent on receipt of forwarding charges of 10 cents, in stamps, to physicians, or to students enrolled in any College of Medicine, in the United States.)

We thank Dr. R. T. Hamilton, the efficient secretary of the Lone Star State Medical, Dental and Pharmaceutical Society, for copy of the Minutes of the last session held in Austin, Texas, November 22, 23 and 24, 1910.

The following item from the report of Committee on Resolutions may interest Journal readers:—

"Resolved, that the thanks of the Association be and are hereby tendered Dr. C. V. Roman, our distinguished guest, for his visit to our

Association. His surgical and medical clinics, together with his able and instructive lectures, are highly appreciated by all, and we feel a deep sense of gratitude for the inestimable information he has given us.

Respectfully submitted,

T. E. Speed, Chairman,
A. R. Gravelly,
A. E. Hughes,
A. L. Hunter,
E. T. Summit,
E. D. Moten,
F. A. Bryan.

THE JOURNAL acknowledges the receipt of "Annual Announcement of Department of Medicine, Leland Stanford, Jr., University."

"College Judgments" is the subject of a well written editorial in The Independent in which the writer examines the records of the students receiving honors from their fellows. He concludes as follows:

Intercollegiate sport has been a deteriorating influence on college sentiment, not so much demoralizing as deteriorating. It tends to make heroes of men of the lower rate. It degrades scholarship and exalts physical prowess. And increasing wealth and luxury add to the evil. Nevertheless in the long run the best and truest prevails. There is waste in the younger years among those of lesser intellect, but it is the abler men intellectually, who will rule the world and give it intellectual and moral tone. The others will sink and drop out.

There are those living who will recall a time when smallpox was classed with the extremely fatal diseases. In nearly 20,000 cases of the disease reported in the year 1909, there were only ninety-two deaths. Another feather in the cap of of medical fraternity in this country.—Knoxville Journal and Tribune.

Reading Notices

In the spring the eliminative functions do not present their usual activity owing to the torpor and locked-up secretions which have existed during the winter months when the skin neglects its duties and the kidneys are overworked.

If this condition remains neglected, the probable results will be a pronounced attack of rheumatism, neuralgia or grippe in one or another of its forms, hence the necessity of a powerful eliminant is self-evident.

While anti-pyretics and anti-periodics may slightly stimulate the excretions and relieve congestion, thereby controlling certain features of the disease, a complete cure cannot be expected until the poisons are thoroughly eliminated from the system and the diseased organs enabled to resume normal functions.

Tongaline by promoting the absorptive powers of the various glands which have been clogged and by its stimulating action on the liver, the bowels, the kidneys and the skin, will relieve the pain, allay the fever, eliminate the poisons, stimulate recuperation and prevent sequelae.

The Treatment of Hydrophobia by Rabies Vaccine

Until recently, it has been necessary to send patients exposed to hydrophobia, to a Pasteur Institute (in many instances located in a far distant city) for prophylactic treatment.

The Hygienic Laboratory of the

United States Marine Hospital Service devised a method of administering Rabies Vaccine, whereby it could be prepared at a central laboratory, according to the Pasteur's method and distributed to any part of the United States, allowing the patient to be treated by his attending physician.

Briefly, the following is Pasteur's method for preparing Rabies Vaccine: The spinal cord of a rabbit—dead of Rabies as a result of an injection of a "fixed virus"—(Rabies Vaccine known to kill within a fixed time) is removed under aseptic conditions. A cord containing the Rabies Virus is suspended over a layer of potassium hydroxide and kept at a temperature of 22 degrees C. from one to eight days. The virus is gradually weakened or attenuated as the cord is dried, the strength being decreased in direct proportion to the extent of the drying.

In the preparation of each injection, a portion of a cord in which the virus has been properly attenuated by drying the requisite number of days, is taken and emulsified by grinding under aseptic conditions with a weak solution of glycerin. The emulsion of Rabies Virus thus prepared constitutes the first dose.

The second dose is prepared in the same manner from a portion of the cord which has not been attenuated to the same degree, and each subsequent dose is prepared in like manner from cords containing virus of increasing potency.

The technique of the administration is quite as simple and safe as the ordinary hypodermatic injection.

H. K. Mulford Company have built and equipped special laboratories at Glenolden, Pa., and, under the personal direction of expert bacteriologists are preparing Rabies Vaccine after the method of Pasteur.

THE RABIES PREVENTIVE TREATMENT

The preventive treatment of Rabies, as furnished by the H. K. Mulford Company consists of 25 injections of Rabies Vaccine, the strength of each injection varying in accordance with the plan of treatment adopted by the Hygienic Laboratory of the United States Marine Hospital Service.

Cords with virus of various strengths are kept in constant readiness for preparation of Rabies Vaccine to meet all emergencies.

The Vaccine is furnished in ampuls and all the physician is required to do in making the injection is to mix the Vaccine in the ampul through a special needle, furnished with each syringe, with the physiologic salt solution contained in each syringe, then inject the patient. The technique is as simple as an ordinary hypodermatic injection.

Special Caloris Vacuum Bottles are used in the shipment of each day's supply of Vaccine, insuring its receipt in a satisfactory condition. Preventive treatment by Rabies Vaccine should be started as soon after exposure as possible. After symptoms have fully developed there is

no hope for relief, as a cure for hydrophobia has not been discovered. The period from the exposure to the development of the symptoms of hydrophobia is known as the period of incubation. This varies from eight days to six months under natural conditions, although occasionally cases are reported where the incubation period is much longer.

Immediately following exposure, every precaution should be employed until it is proven that the suspected animal did or did not have Rabies. Aside from cauterizing and otherwise treating the wounds, arrangements should be made at once for use of Rabies Vaccine in the form of preventive treatment prepared after the method of Pasteur.

If the animal responsible for the wound or infection, is alive, it should be kept securely under observation for at least two weeks. Infection may follow from the bite of an animal apparently normal at the time of biting. Not until it is definitely known that the animal has Rabies should it be killed. After the animal is dead, its head should be removed and sent to a State or Municipal laboratory equipped to properly examine the brain for evidences of Rabies.

If proper precautions are taken and the patient immediately given the Pasteur treatment, the fatality from this terrible disease may be virtually reduced to a minimum.

According to statistics Rabies is more common in the Summer months, therefore at this season of the year, with danger of mad dogs

running amuck, the method of supplying Rabies Vaccine so that the physician may administer it to his own patients, is of particular interest to our readers.

Full and complete literature on Rabies Vaccine will be mailed by H. K. Mulford Company of Philadelphia, upon request.

Summer Complaint

By C. S. Martin, M. D.

Is novelty the only plea to put forward in a paper on treatment? Is there nothing whatever in the experience of years which makes it worth while? Is the physician's attention only to be attracted by the novelty of a treatment, or does he really desire to know what is the best treatment for any given affection?

The worst thing that can be said about the Abbott treatment of summer diarrhoea is that it is old. It has withstood the test of a third of a century. During this time many other treatments have been devised, but none of them have approached the Abbott treatment in promptness and certainty. One reason for this is its simplicity. It is so easy to comprehend.

The Abbott treatment begins by regulating the hygiene of the patient, the house and its surroundings. Pure air to breathe, pure food to eat, pure water to drink. The child itself to be clean inside and outside. As the weather grows hotter the child is to be kept cooler.

To secure internal cleanliness, open the day with a moderate dose of Saline Laxative, just enough to sweep out of the alimentary canal all irritating, offensive substances that may be in it, but not enough to deplete. Instead of depleting the child this really proves a strengthening process, as it starts the day right.

At the first sign of trouble in the stomach and bowels begin with the W--A Intestinal Antiseptic tablets, giving just "dose enough" to keep the child's stools free from abnormal odor.

If true cholera symptoms arise meet them with the physiologic remedy. Excessive vomiting and purging mean inordinate irritation of the gastric terminals of the pneumogastric nerve, consequently a direct and certain sedative of the vagus is indicated, and that is atropine. Give a hypodermic of atropine, enough to control the symptoms, no matter what this dose may be. For a child in its second summer, begin with 1-1500 of a grain, repeat it in half an hour, increasing the dose to 1-1000 grain or 1-750, or to whatever dose is necessary to control the symptoms.

When the disease has been checked and the period for reconstruction appears, substitute the sulphocarbolate of lime for the intestinal antiseptics, and give such tonic as in your judgment is indicated. A granule of quassin in solution before meals is a grand remedy. A granule of juglandin goes far to restore healthy secretions, to take the place of the vitiated ones characterizing the disease.

As to diet, simplicity rules. Give only one article of diet each week, choosing for this purpose from the following list: The raw white of egg in water, barley, rice or oat water; pure freshly pressed fruit-juices, clear strained animal broth, milk, and administering meanwhile the Galactenzyme tablets, containing Bulgarian bacillus, the lactic-acid germ, to complete the destruction of the pathogenic bacteria in the alimentary canal.

When any treatment is devised which excels this, we shall drop this one and adopt the new. We have been waiting thirty-two years to find a better one.

The Cure of Enuresis in Children

According to some, the cause is a hyperplasia of the central nervous system. The immediate cause is a hyperexcitability of the detrusor vesicae, with relaxation of the sphincter of the urethra, or a lack of development of the prostate and failure of the bladder orifice to close. The therapeutic measures must depend upon the conditions that exist. General hygienic and dietetic meas-

ures are appropriate in all conditions. For hyperexcitability of the detrusor, deficiency of the sphincter and lack of development of the prostate causing deficient closure of the bladder orifice, to eight ounces of sanmetto add eight drops of belladonna and eight drops of tinct. nux vomica, and of this one-half to one teaspoonful given before each meal and at bed-time will be found useful. For reflex enuresis the removal of the cause followed with sanmetto.

Quinine Without Ebriety

When two such well-known drugs as antikamnia and quinine are offered to the profession it hardly seems necessary to indicate the special classes of affections which call for their use. Antikamnia is unquestionably a perfect substitute for morphine for internal administration. It has complete control over pain, while it is free from undesirable after-effects of the alkaloid of opium. In cases of malarial fever the combination of antikamnia and quinine should be given. For all malarial conditions, quinine is the best remedy we have. But, associated with this condition, there is always more or less pain, and antikamnia will remove these unpleasant symptoms and place the system in the best condition for the quinine to do its work. There are a number of ailments, not closely defined, which are due to the presence of malarial poison. All such conditions are greatly benefited by the use of "Antikamnia & Quinine Tablets."

The antikamnia in these tablets not only relieves the pain, but prevents the ebriety or ringing sensation produced when quinine is administered alone. In headache (hemispheres), in the neuralgias occurring in anaemic patients who have malarial cachexia, and in a large number of affections more or less dependent upon this cachectic condition, the regular administration of these tablets is indicated.—Medical and Surgical News.

Elmer F. Gould, M. D., Carthage, Mo.
under date of June 8, 1911, says:—

"I have used Sulpho-Lythin in Typhoid Fever with most excellent results. There is in my opinion no intestinal antiseptic & bactericide to equal the sulphurous acid gas formed in the bowels when Sulpho-Lythin is administered. Free elimination is also indicated in the first week or two of this disease and by no other means can it be as well accomplished."

Plans are now being drawn for a new hospital for the Tuskegee Institute, which will be known as the John A. Andrew Memorial Hospital.

The funds for this building have been donated by friends in the North. The building is to be thoroughly modern in construction, arrangement, and equipment. Description of same will follow in a coming number of the Journal.

Comment on The Journal

Since I have begun reading the Journal, I feel as if I can't do without it. I look anxiously forward to each issue.

Let the Journal continue to come. Best wishes for its prosperity and longevity. Please find enclosed check for \$1.00.

E. L. YOUNGUE, M. D.

Program: Thirteenth Annual Session

Local Committee

For the entertainment of the National Medical Association, Hampton, Va., 1911

Chairman, Dr. W. P. Dickerson, Newport News, Va.

Secretary, Dr. F. G. Elliott, Portsmouth, Va.

Assistant Secretary, Dr. F. R. Trigg, Norfolk, Va.

Treasurer, Dr. P. L. Barber, Norfolk, Va.

Sub-Chairmen

Finance, Dr. W. E. Reid, Portsmouth, Va.

Ball and Reception, Dr. W. E. Atkins, Hampton, Va.

Comfort, Dr. W. T. Foreman, Newport News, Va.

Transportation, Dr. R. L. Whittaker, Newport News, Va.

Exhibits, Dr. J. J. France, Portsmouth, Va.

Printing and Press, Dr. G. Jarvis Bowen, Norfolk, Va.

Clinics, Dr. W. T. Jones, Newport News, Va.

Sight Seeing, Dr. P. A. Scott, Newport News, Va.

Badges and Souvenirs, Dr. R. J. Matthews, Norfolk, Va.

Outing, Dr. A. B. Green, Berkeley, Va.

Guests, Dr. J. J. Quarles, Berkeley, Va.

List of Officers of the Association, 1911.

Austin M. Curtis, M. D., President, 1939 13th St., N. W., Washington, D. C.

William M. Slowe, D. D. S., Dental Vice-President, 1436 Lombard St., Philadelphia, Pa.

Harry S. Pope, Phar. D., Pharmaceutical Vice-President, 1944 Druid Hill Ave., Baltimore, Md.

Mrs. J. P. H. Coleman, Phar. D., Pharmaceutical Secretary, 643 Florida Ave., Washington, D. C.

Roscoe C. Brown, D. D. S., Dental Secretary, 604 N. 29th St., Richmond, Va.

John A. Kenney, M. D., General Secretary, Tuskegee Institute, Ala.

George E. Cannon, M. D., Chairman Executive Board, 354 Pacific Ave., Jersey City, N. J.

Willis E. Sterrs, M. D., Secretary Executive Board, Decatur, Ala.

A. W. Williams, M. D., Treasurer, 3255 State St., Chicago, Ill.

Executive Board

George E. Cannon, M. D., Chairman, 354 Pacific Ave., Jersey City, N. J.

Willis E. Sterrs, M. D., Secretary, Decatur, Ala.

N. F. Mossell, M. D., 1432 Lombard St., Philadelphia, Pa.

Amanda V. Gray, Phar. D., 1200 U St., N. W., Washington, D. C.

Charles H. Marshall, M. D., 2710 P St., Washington, D. C.

M. A. Vanhorn, D. D. S., 22 Broadway, Newport, R. I.

J. W. Jones, M. D., Winston-Salem, N. C.

George C. Hall, M. D., 3102 State St., Chicago, Ill.

Marcus F. Wheatland, M. D., 84 John St., Newport, R. I.

Program and Censor Committee

John W. Mitchell, M. D., Washington, D. C.

Norman Lassiter, D. D. S., Newport News, Va.

John A. Kenney, M. D., Tuskegee Institute, Ala.

State Vice-Presidents

Dr. T. A. Walker, Baton Rouge, La.	Dr. C. Lennon Carter, Harrisburg, Pa.
Dr. R. L. Jones, Charleston, W. Va.	Dr. S. J. Fewell, Boston, Mass.
Dr. A. W. Dumas, Natchez, Miss.	Dr. H. J. Burnett, Montclair, N. J.
Dr. F. S. Hargrave, Wilson, N. C.	Dr. D. Grant Scott, Baltimore, Md.
Dr. L. B. Palmer, Atlanta, Ga.	Dr. R. C. Fraser, New York, N. Y.
Dr. Mary E. Britton, Lexington, Ky.	Dr. S. A. Furniss, Indianapolis, Ind.
Dr. F. A. Bryan, Dallas, Texas.	Dr. Arthur Walls Smith, Jacksonville, Fla.
Dr. G. W. Hayman, Little Rock, Ark.	Dr. William H. Fields, Cairo, Ill.
Dr. S. S. H. Washington, Montgomery, Ala.	Dr. J. W. Aimes, Detroit, Mich.
Dr. C. W. Childs, Washington, D. C.	Dr. J. S. Outlaw, Los Angeles, Cal.
Dr. J. J. Robinson, Providence, R. I.	Dr. W. C. Gordon, Springfield, Ohio.
Dr. W. E. Reid, Portsmouth, Va.	Dr. A. M. Townsend, Nashville, Tenn.
Dr. E. A. Carter, Buxton, Iowa.	

Program

Tuesday, August 22, 1911: 10 A. M.

Public Invited

The Association called to order by W. P. Dickerson, M. D., Chairman of the Local Committee.
 Invocation, Rev. N. W. Brown.
 Introduction of President.
 Registration of Members.
 President's Annual Address.
 Reading of Minutes of the last afternoon session, of the 12th annual meeting.
 Unfinished Business.
 New Business.
 Ratification of Recommendations of Executive Board at the last meeting.
 Paper: "The Elimination of Tuberculosis from City and State, and
 - - - How It May Be Done," Anna R. Cooper, M. D., Chicago, Ill.
 Discussion - - - A. W. Williams, M. D., Chicago, Ill.
 Report of the Commission for the Study of Tuberculosis,
 - - - Marcus F. Wheatland, M. D., Newport, R. I., Chairman.
 Discussion.
 Appointment of Committees.
 Presentation of Visitors.
 Adjournment.

Tuesday Afternoon Session, 2 O'clock

Sectional Meetings

Medical Section.
 Call to Order.
 Reading of Minutes.
 Roll Call.
 Unfinished Business.
 Paper: "Exophthalmic Goiter, Some Prominent Causes, Symptoms and Treatment,"
 - - - Chas. H. Crampton, M. D., Harrisburg, Pa.
 Discussion: - - - C. Lennon Carter, M. D., Harrisburg, Pa.
 Paper: "Pellagra,"
 - - - Thomas H. Slater, M. D., Atlanta, Ga.
 Discussion: - - - C. M. Wade, M. D., Hot Springs, Ark.
 Paper: "Pellagra,"
 - - - G. Jarvis Bowens, M. D., Norfolk, Va.
 Discussion: - - - C. W. Childs, M. D., Washington, D. C.
 Paper: "Acute Exudative Nephritis in Children,"
 - - - Joseph J. France, M. D., Portsmouth, Va.

Discussion: - - - - - W. E. Reid, M. D., Portsmouth, Va.
 Paper: "Aseptic Obstetrics,"
 - - - - - J. S. Massey, M. D., Monroe, N. C.
 Discussion: - - - - - J. R. Levy, M. D., Florence, S. C.

Surgical Section

Call to Order.

Reading of Minutes.

Roll Call.

Unfinished Business.

Paper: "The Practical Surgical Importance of Extra-Uterine Pregnancy."

- - - - - A. W. Dumas, M. D., Natchez, Miss.

Discussion: - - - - - A. M. Brown, M. D., Birmingham, Ala.

Paper: "Report on Ovarian Dermoid Cyst,"

- - - - - J. W. Walker, M. D., Asheville, N. C.

Discussion: - - - - - Willis E. Sterrs, M. D., Decatur, Ala.

Paper: "Surgical Diseases of the Kidneys, with Report of Operation,"

- - - - - J. T. Newman, M. D., New Orleans, La.

Discussion: - - - - - L. B. Palmer, M. D., Atlanta, Ga.

Tuesday Evening Session, 8 O'clock

Public Meeting in the First Baptist Church of Hampton

Call to Order by Chairman of the Local Committee.

Invocation, Rev. C. R. Patterson.

Singing, Queen Street Church Choir.

Address of Welcome on behalf of the City - - - Mayor Thornton F. Jones

Address of Welcome on behalf of the State - - - Lawyer J. Thomas Newsome

Response: - - - - - H. S. McCard, M. D., Baltimore, Md.

Music - - - - - Enterprise Quartet

Address of Welcome on behalf of the Tide Water Medical Society,

- - - - - W. E. Atkins, M. D., Hampton, Va.

Violin Solo - - - - - Mr. H. Carter Johnson.

Address of Welcome on behalf of Business Men's League,

- - - - - Prof. A. A. Graham, Phoebus, Va.

Solo - - - - - John T. Latamore, M. D.

Response to Addresses of Welcome - - - J. B. Hall, M. D., Boston, Mass.

Music - - - - - Enterprise Quartet

Paper: "Infantile Gastro-Enteritis,"

- - - - - E. P. Roberts, M. D., New York City

Discussion: - - - - - P. A. Johnson, M. D., New York City

Benediction - - - - - Rev. Jno. A. Gray, Hampton, Va.

After Benediction the Association will Repair to Bassette's Academy where they will be
 tendered a SMOKER.

Wednesday Morning

Surgical Clinics, Dixie Hospital: 7 A. M.

Meeting of the Medical Section at 8.00. a. m. for clinics and papers.

Paper: "Past, Present and Future Therapeutics,"

- - - - - J. W. Jones, M. D., Winston-Salem, N. C.

Discussion: - - - - - C. H. Shepard, M. D., Durham, N. C.

Paper: - - - - - C. H. Hardy, M. D., Spartanburg, S. C.

Discussion.

10 A. M., General Session**Public Invited**

Call to Order.

Invocation.

Reading of Minutes.

Registration of Members.

Report of Secretary of Executive Board.

Report of Treasurer.

Report of General Secretary.

Report of the Journal.

Report of the Delegates from Constituent Associations (3 minutes each).

Dental Paper (Subject to be announced).

- - - - - James A. Wimbish, D. D. S., Atlantic, City, N. J.

Pharmaceutical Paper: "Thorough Preparation Essential to Success in Pharmacy,"

- - - - - Wm. H. Barlow, Phar. D., Newport News, Va.

Report of Committee on Medical Education,

- - - - - H. F. Gamble, M. D., Chairman, Charleston, W. Va.

Discussion:

Paper: "A Brief Comparative Study of the Negro,"

- - - - - Edward Mayfield Boyle, M. D., Washington, D. C.

Discussion:

- - - - - A. A. Tennant, M. D., Richmond, Va.

Business.

Wednesday Afternoon Session, 2 O'clock**Public Invited**

Call to Order.

Invocation.

Reading of Minutes.

Paper: Oration on Medicine, Subject, "Ocular Complications of Certain Constitutional Diseases," M. O. Dumas, M. D., Washington, D. C.

Paper: "Modern Abdominal Surgery,"

- - - - - B. R. Bluitt, M. D., Dallas, Texas

Discussion: - - - - - Jno. E. Hunter, M. D., Lexington, Ky.

Report of Commission on Pellagra,

- - - - - A. M. Townsend, M. D., Chairman, Nashville, Tenn.

Discussion:

Paper: "Observation, Use and Abuse of Salvarsan,"

- - - - - U. G. Mason, M. D., Birmingham, Ala.

Discussion: - - - - - C. N. Garland, M. D., Boston, Mass.

Paper: "Malarial Fever," - - - - A. H. Brown, M. D., Newport, Ark.

Discussion: - - - - - T. A. Walker, M. D., Baton Rouge, La.

Wednesday Evening, Lawn Fete on Normal School Grounds, 8-11**Thursday Morning, 8:00: Meeting of the Medical Section**

Paper: "Rickets," - - - - W. G. Alexander, M. D., Orange, N. J.

Discussion: - - - - H. J. Burnett, M. D., Montclair, N. J.

Paper:

- - - - - J. H. Baxter, Henderson, N. C.

Discussion:

Thursday A. M. 8:00 O'clock, Surgical Clinics or Sectional Meeting**Announcement to be Made****Thursday Morning 10:00 O'clock, General Session****Public Invited**

Call to Order.

Invocation.

Reading of Minutes.

Report of Commission for the Study of Hookworm,

- - - J. A. Kenney, M. D., Chairman, Tuskegee Institute, Alabama

Discussion:

Paper: "Auto-Intoxication," - - - Mary E. Britton, M. D., Lexington, Ky.

Discussion: - - - D. H. C. Scott, M. D., Montgomery, Alabama

Paper: "Neurasthenia, Its Etiology, Diagnosis and Treatment,"

- - - J. A. Robinson, M. D., Darlington, S. C.

Discussion: - - - C. R. Alexander, M. D., Petersburg, Va.

Paper: - - - "Physical Diagnosis in Pulmonary Diseases,"

- - - E. W. Lomax, M. D., Bluefield, W. Va.

Discussion: - - - R. L. Jones, M. D., Charleston, W. Va.

Business.

Thursday Afternoon, 2 O'clock**General Session**

Call to Order.

Invocation.

Report of Executive Board.

Report of Committees.

Announcement of Officers elected by the House of Delegates.

Installation of Officers.

Adjournment.

Luncheon will be served daily on school grounds for twenty-five cents.

Other Attractions: Trips to Newport News Ship Yard, and to Buckroe Beach.

Thursday Evening

Banquet in the Gymnasium of Hampton Normal and Industrial Institute.

Friday Morning

Excursion to Jamestown Island.

Luncheon to be served on boat.

Rates per day \$ 1.50 for room and board. Delegates will be located in towns of Hampton and Newport News, also those who desire it will be located on the Normal School grounds.

Program of the Dental Section**Tuesday, August 22, 1911, 10 A. M.****In General Session**

Clinics, 2 p. m. - - - In charge of Dr. W. E. Atkins

Exhibits - - - In charge of Dr. J. J. France

Wednesday August, 23 10 A. M.**In General Session****Section Meeting 11 A. M.**

Call to Order - - - Dr. R. G. Baker, Baltimore, Md., Chairman

Invocation.

Reading of Minutes.

Report of Committee on Oral Hygiene - Dr. C. C. Fry of Washington, D. C., Chairman.
 Paper: Subject: "Oral Hygiene," - - - Dr. J. M. G. Ramsey, Richmond, Va.
 Discussion.
 Adjournment.

2:00 P. M.

Call to Order.
 Paper: (Subject to be stated), - - - Dr. Richard Warrick, Philadelphia, Pa.
 Discussion.
 Paper: "Demonstration in Electrical Gold Fillings,"
 - - - Norman Lassiter, D. D. S., Newport News, Va.

Clinics and Exhibits

Thursday, August 24, 10 A. M.

Call to Order.
 Reading of Minutes.
 Paper: Subject: "Office Suggestions," - - Dr. James T. Howard, Philadelphia, Pa.
 Discussion.
 Paper: Subject: "The Building and its Units," - Dr. Stephen J. Lewis, Harrisburg, Pa.
 Discussion.
 Election of Officers.
 Adjournment.

2:00 P. M.

In General Session

Pharmaceutical Program

Tuesday, August 22, 1911, 10 A. M.

In General Session

Tuesday Afternoon, 2 O'clock

Sectional Meeting

Call to Order.
 Invocation.
 Reading of Minutes.
 Roll Call.
 Unfinished Business.
 Paper: "Hints on Business Getting," - - J. L. Eagles, Ph. G., Charlotte, N. C.
 Discussion: - - - Benj. Brownley, Phar. D., Charleston, West Va.
 Paper: "Co-operation Between Doctors and Druggists," - - -
 - - - Eugene Bass, Ph. G., Portsmouth, Va.
 Discussion.
 Paper: "Some Successful Side Lines Handled by Druggists," - - -
 - - - Arthur Gray, Phar. D., Washington, D. C.,
 Discussion: - - - Wm. Bowles, Phar. D., Richmond, Va.

Wednesday, 10 O'clock A. M.

General Session

2:00 P. M., Sectional Meetings

Call to Order.
 Reading of Minutes.
 Unfinished Business.
 Election of Officers.
 Papers.
 Exhibits.

Thursday Morning, 10 O'clock

Sectional Meeting

Unfinished Business and Papers.

Thursday Afternoon, 2 O'clock

General Session

JOURNAL NATIONAL MEDICAL ASSOCIATION

V o l . 3 O C T O B E R - D E C E M B E R , 1 9 1 1 N o . 4

ORIGINAL COMMUNICATIONS

*"SPEAK CLEARLY IF YOU SPEAK AT ALL.
CARVE EVERY WORD BEFORE YOU LET IT FALL."*

The Editors endeavor to publish only that which is authentic, but disclaim responsibility for views expressed by contributors.

Annual Address President N. M. A.

*By A. M. CURTIS, M. D.,
WASHINGTON, D. C.

Permit me in opening the proceedings of the Thirteenth Annual Session of the National Medical Association, first, to thank you cordially for the great honor which you have bestowed on me and to express to you my deep appreciation of the confidence which your selection has signified.

During the year, which has just elapsed, since I became President of the Association, I have had ample opportunity to become familiar with the work of the Association as it is conducted under the present arrangement of affairs. I quite agree with my distinguished predecessor, Dr. Marcus Wheatland, who stated in his annual address in referring to the incumbency of his office, "that the President had no positive duties to perform." The Constitution does, however, impose

upon your President the duty of reporting to you his impressions of this organization with such suggestions as he may believe useful and conducive to the better accomplishment of the great and noble purposes to which this Association is dedicated. It gives me the most pleasant duty to bear testimony to the fidelity, honor and devotion of those officials, who compose the established organization of this Association.

During my term of office, I have been in constant official relations with the General Secretary, and I would be remiss in my duty, did I not publicly attest his ability, his conscientious devotion to his duty, his self-effacement in the discharge of his onerous, exacting and often even disagreeable duties. I know whereof I speak, when I state that week in and week out, while we go

*Read at Hampton Meeting of N. M. A., 1911

on our way in the pursuit of our daily duties, he is laboring unselfishly to carry out the purposes of the organization, to elevate our profession on a higher plane of scientific achievement and professional advancement. As Secretary of this Association, Associate Editor and Business Manager of the Journal, and as Chairman of one of our most important commissions, he is doing work of transcendent importance to scientific medicine and the welfare of humanity. These words of commendation are spoken as a duty I owe to the Association and must not be construed as a tribute of friendship or the commonplace eulogy of a public occasion.

In the same spirit, I desire to bear testimony to the faithful work of the Executive Board. No more honorable members have ever discharged a high public duty and trust than those who hitherto and who now compose the Board. Their deliberations mean so much. Their responsibilities increasing each year are met with courage and fidelity that brook no idol thoughts. We are today what we are because of their faithfulness to the trust imposed in them. We should have large cause to ever question the results of their deliberations and must weigh very carefully their recommendations before tossing them lightly on the fickle waves of an assembled body.

THE JOURNAL

It would be a difficult task to undertake a definite estimate of the influence of the Journal in the great

work which the N. M. A. has accomplished since its first publication. The influence of this Journal, the property of the Association, in stimulating research, diffusing knowledge, elevating proper thought and conduct in building up this great organization, cannot be computed. By the untiring services of the present Editor with the assistance of his editorial staff, it takes front rank now among the medical publications. The power exhibited by such a publication as a medium of communication among the membership of this organization, is inestimable, to say nothing of the other of the more important functions performed by it. It is a potent factor in our Association, which is constantly increasing and constantly extending.

MEDICAL LEGISLATION

The Constitution provides for a permanent committee on Medical Legislation, whose duty it shall be to make a comprehensive report at each annual meeting. No such report, to my knowledge, has been made in recent years. The voluntary scientific papers contributed in the sessions, constitute almost the sum total of effective work accomplished by our Association. No matters appertaining to public health, municipal and national legislation and to the general welfare of the Negro profession, receive any deliberate consideration, and consequently no decisive action or practical results have been carried out. With statistics of excessive mortality appearing as gruesome reminders of

the many tombstones that decorate our cemeteries, it is time that we as an organization take an active part and go on record in efforts to minimize the appalling figures. The promotion of scientific investigation and diffusing of medical knowledge are not the only duties of this Association. We have a most essential and important duty in relation to the public health and we should show the same interest as similar organizations, who offer suggestions and present petitions to municipal, state and national health authorities in the formulation and securing recognition of laws to prevent and control disease. We should familiarize ourselves with the bill known as Senate Document 6049, introduced in the Congress of the United States in 1910, and through our Committee go on record with our views on this measure.

TUBERCULOSIS COMMISSION

The campaign against tuberculosis is a problem which today is agitating the best brains of the world. I desire to commend the Chairman of this Commission for his untiring efforts in an endeavor to present to our Association some practical results. In this connection I would suggest an extension of the work of the Commission by having local members of the N. M. A. organize under the direction of the Commission, tuberculosis societies, lecture lyceums, etc. That an exhibit be made at each annual meeting giving graphic descriptions of conditions in localities producing tuberculosis

cases—exhibits of prophylactic measures to be employed; pictures illustrating methods of treatment, series of photographs showing infective houses, pathological specimens and such other collections as would be of educational value. I would further suggest under the auspices of Tuberculosis Commissions that at least one public meeting at each annual meeting of the N. M. A. be devoted to the subject of tuberculosis.

PERMANENT COMMITTEE ON ORGANIZATION

I would suggest a Committee on Organization who shall work out a uniform plan of organization for County, City and State, making the County Society the unit of organization and federating all said societies in our National Medical Association in harmonious co-operation. Such a committee would have considerable work, requiring tact, patience and good judgment to organize each state. I have faith, however, to believe it can be accomplished with universal local societies and coincident with our own.

SCIENTIFIC EXHIBIT

I would recommend a scientific exhibit which would embrace a series of demonstrations, arranged in such a manner, for example, which would be of particular interest to the internist, another to the gynecologist, surgeon, etc. The Sections could set aside certain hours of their published programs for witnessing the demonstrations of in-

terest in an exhibit room. The exhibits could be correlated, grouping all specimens to illustrate certain phases of our work. Topics to be chosen for illustrating these exhibits and competent persons selected to make the demonstrations of a practical nature. The exhibit should seek, therefore, primarily to be for the instruction of the rank and file of the profession of recent scientific knowledge of special bearing on practical medicine. Couple this with the work of the Commissions and such an illumination of views of live topics, each with competent demonstration by men of ability, and I predict an added interest and healthful growth of our Association.

DENTAL AND PHARMACEUTICAL SECTIONS

It is gratifying to see the Dental and Pharmaceutical Sections increasing. To encourage others to membership and to keep alive the interest of those already in the organization, I would recommend that Dental Clinics be held annually and exhibits of their technical work be made as a part of their sectional program. Also that pharmaceutical demonstrations be encouraged by having the pharmacists make individual exhibits of N. F. and U. S. P. preparations. These sections can be made both interesting and instructive and thus contribute in a large measure in making these annual meetings a success.

SECTIONAL MEETINGS

I desire to endorse most heartily

the recommendation of the Executive Board and ratified by this body a resolution put into effect this year, of sectional meetings to further the promotion of our scientific work. We have an opportunity at this meeting to observe the conduct of these sections, note their shortcomings and successes, and thus we can bring to the highest level the weaker of our scientific units. I would recommend that the Secretary of each section should be elected for a number of years. No national society can maintain a high order of efficiency which changes its secretary annually. In this connection I would suggest that the officers of the different sections meet together in conference as soon as practicable after adjournment of the sessions at which they are elected, in order that definite plans may be formulated for the scientific work of the next annual session. In this way much of the work of the General Secretary and Program Committee could be simplified, and thereby they would contribute much through the development of the admirable scientific papers we have each year.

AMENDMENTS

Remember, that no mobile organization growing in quantity and quality can be fitted to any fixed rules at once. There will naturally occur here and there misfits in the Constitution. We must realize this and be patient while mellowing influence of action and experience rubs down the inequalities. Amendments and changes in the Constitution are made

to meet our responsibilities and it behooves us to iron out any wrinkles and bend sympathetic efforts to altruistic ends.

The Negro race is to be congratulated on the growing evidences of such a useful organization, but much yet remains to be done. In individual capacity the personnel of this Association has not been found wanting in any field of endeavor. Go into nearly every state and you will find a member of the N. M. A., a physician, dentist or pharmacist self-sacrificing, patient and charitable upholding the honor and dignity of his noble calling.

The present organization of the N. M. A. can be made one of the strongest agencies for the uplift of our race. The people must be educated up to the point where they can understand the broad humanitarianism of modern medicine. Society appreciates the saving of a sick person's life by the skilled physician, but fails to see the priceless gifts to the human race made by preventive medicine and sanitary science. He views everything in detail and misses the perspective. We have failed to secure the support of the masses to much-needed reforms, because we have appealed to them as one individual to another without weight of an authoritative organization. That our people are ignorant of medical affairs is due to bad education rather than a wilful prejudice. New and fundamental truths have followed each other so rapidly that we have scarcely been

able to digest them, and much less can we expect the public to have kept pace. The layman's view is that of twenty-five years ago. He accepts with avidity new dogmas and "isms" based on theories incredibly false in the light of modern investigation, and we allow him to become fixed in these beliefs. We have allowed the public to become educated by patent medicine advertisements and voluble Charlatanism. In return many of us are classed with such schemers and effects for general good are believed many times to be selfishly inspired. The time has come for the public to be taken into our confidence, if we wish better results we must enlighten the people, for with them lies the final word. General sanitary matters of the greatest importance are becoming understood through medical influence. The public has been and is being educated in regard to the great "White Plague"—tuberculosis, to which subject I have already made special reference. Statistics are beginning to show the effects of this diffusion of knowledge. In many states, committees have been appointed by municipal authorities to promulgate measures for the relief and control of tuberculosis. This should be imitated in every large city in the Union and we would like to urge that some appointments be given members of our National Medical Association, as the black belts in these large communities furnish the largest death-rates from tuberculosis. We can see the

good which has resulted from the "Swat the fly" campaign carried on in many of our cities. Gratifying results have been accomplished by the crusade against the dangers of mosquitoes. We must teach the people the early symptoms of cancer, the greatest foe to humanity with possibly the exception of tuberculosis, that its manifestations may be recognized while in the curable period. Typhoid fever, which affects all of our communities about this time of the year, should receive special attention of the medical profession, so that the public may understand that it is a disease, which, under proper conditions, can be prevented.

How can we carry on the work of educating the masses along the proper lines of offense and defense in regard to disease? Occasional meetings by our constituent associations to which the public shall be invited, where the evening is devoted to questions of general interest and the proceedings published in local newspapers. Let all of our medical societies in every community have such meetings to which the allied profession of Pharmacy and Dentistry is urged to attend and take part in these deliberations. Baltimore Medical Association, a constituent society of the N. M. A., has demonstrated the value of such meetings, and from personal knowledge I can state that they are accomplishing much good and as an evidence of the interest the public is taking in such meetings, a large church is filled on these occasions. At these meetings

we can inaugurate crusades against poisonous substances and intoxicating beverages sold under the guise of patent medicines. Stop the mothers from giving to babies "Kopp's Baby Friend," "Winslow's Soothing Syrup," mixtures, which instead of giving rest to the little ones, only narcotize them and may lead to fatal termination. Tell the chronic unfortunates who spend most of their savings in patent medicines, that most of the preparations like "Perruna," "Warner's Safe Cure," and others are preparations which depend upon the alcohol they contain for the stimulating effects, and it is this which gives them a feeling of false security in the belief that they are made better. Let us awaken the public conscience along these lines as well as to the laws of health and hygiene, and our Association will have accomplished some tangible results.

A word as to our relations with the allied profession of Pharmacy: our relations are not as ethical as they were twenty years ago, when I began the practice of medicine. Then the druggist was the faithful friend of the physician. Today in putting up 60 to 70% of the prescriptions sent to him, the educated pharmacist cannot use his skill as a chemist, but simply acts as distributor of copyrighted preparations which the physician calls for a few times only to take up with something new and thus leaving the shelves of the druggist filled with unused remnants. Many physicians compound their own prescriptions to the detri-

ment of the pharmacist. The proprietary medicine people have managed this very cleverly; to the medical profession, they are continually calling out that the druggist is substituting; with one hand they have given the physician remedies to dispense himself, and with the other, furnish the druggist with patent medicine with which to compete with the physician. The average druggist can not live on physician's prescriptions alone, but he should be treated justly and both physician and pharmacist would profit by the mutual concession to the great benefit of the public.

In conclusion I would say, let us continue to strive as individuals for the honor and dignity of our pro-

fession. In this we but follow out the aims and ideals of those principles enunciated in the Preamble formulating this Association. But great movements cannot be brought about by individual action. They must be initiated and controlled by a united effort, and in no other way can the epoch-making truths of medicine be made to bear fruit. Unity is the spirit of the times. The vital need of our medical profession is a harmonious organization that will encourage right thinking, good usage among ourselves, promote and encourage the highest interest of its individual members, teach the public the right way to live; in these things lie the possibilities of the highest usefulness of the N. M. A.

Praises The Journal

Dear Dr. Kenney:

Your circular letter referring to the Journal and its financial standing received. By all means we must not lose the Journal. It will be many years before another can be successfully published. It is a model of neatness and general make up. I appreciate the difficulty under which you have untiringly labored, and to allow all of this to go for naught so far as the continuance of the publication is concerned would be a public calamity, to say nothing of the stigma placed upon the profession and the cause it has so faithfully and ably championed.

I should be willing to be numbered with others who would be willing to make a donation or pay two or three years' subscription in advance.

Yours truly,
(Signed) D. H. C. Scott.

Acute Exudative Nephritis in Children

*By J. J. FRANCE, M. D.,
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A wide divergence of opinion prevails in the profession relative to the correct terminology of inflammatory diseases of the kidneys. By some the term nephritis is regarded as too general, and a demand is made for a distinction between nephritis in the sense of the pathologist and nephritis in the clinical sense. Bright's disease is objected to by others on the ground that the term has become associated, especially in the lay mind, with the more chronic and persistent varieties of renal affection; and a diagnosis of Bright's disease has come to be regarded as tantamount to a sentence of death of the patient.

With a view to harmonize all differences and afford a common ground upon which all may agree, the distinguished clinician, Frederick Muller, of Munich, proposed a few years ago to substitute the term "nephrose," which has the merit not to mean anything in particular. Notwithstanding this diversity of opinion, the term nephritis has, in medical literature, a definite denotation. It means simply inflammation of the kidneys; and it is in this sense it is here employed.

The variety of nephritis treated of in this paper is also known by various synonyms: acute diffuse nephritis; acute parenchymatous nephritis; acute septic interstitial nephritis;

acute tubal nephritis; acute desquamative nephritis; each designation laying stress upon one or other factor present in the disease.

The terms diffuse, parenchymatous and septic interstitial nephritis come to us from the pathologist. It was at the autopsy table that the fact was demonstrated that the inflammatory process in this form of nephritis was diffuse; that the parenchyma was affected, and that the interstitial tissue shared in the process. These designations have, therefore, the merit of being founded on ascertained facts of the most unimpeachable character. Still, the fact remains that they are only ascertainable after death.

Again, the terms tubal and desquamative nephritis connote the presence in the urine of tube casts and epithelial cells shed off from the diseased kidney. This can be only ascertained through the agency of the microscope. As many physicians do not use this instrument as a routine practice, it is obvious that the physician who employs either term without having previously subjected the urine to a microscopical examination, does so empirically, without the assurance that comes of actual knowledge.

On the other hand, the term acute exudative nephritis denotes simply the exudation of blood serum

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through the uriniferous tubules as a part of the inflammatory process in progress in the kidneys, and is manifested by the presence of albumin in the urine. It is a most frequent clinical phenomenon in the disease. It is easy of demonstration. All that is necessary is a test tube, a spirit lamp or lamp light, and a few drops of nitric acid; and it is at the service of the young practitioner as well as the veteran in medical practice. Albuminuria, as a symptom in inflammatory diseases of the kidneys, has the distinction of being the symptom which furnished the clue to those masterly studies by Dr. Richard Bright in 1827 in disorders of the kidneys with which his name has since been connected. Hence my preference for the name acute exudative nephritis.

It is proper, however, to call attention to the fact that the trustworthiness of albuminuria as a diagnostic factor in nephritis is questioned by some clinicians. Dr. Richard C. Cabot, of Boston, in an article in the *Journal of the American Medical Association* for March 18, 1900, concluded his studies of nephritis with the following words:

"The attempt to estimate the anatomical condition of the kidney by the measurement of albumin and the search for casts is fallacious in the extreme. The most reliable data about the urine are those simply and quickly obtained, the twenty-four hour quantity, the specific gravity, and the color."

(1)

Personally, I do not hesitate to

say I do not agree with these conclusions. Excepting the twenty-four-hour quantity, there are no two factors in urinalysis more misleading and unreliable than the specific gravity and color of urine. I have known specimens of highly-colored urine with high specific gravity which have yielded negative results to tests for pathological changes in the renal structure. On the other hand, innocent-looking urines with normal color and low specific gravity have been loaded with albumin and casts. The twenty-four-hour quantity and the presence of albumin and casts, taken together with the clinical symptoms, have in my hands proved valuable aids.

Acute exudative nephritis occurs with comparative frequency in children. Toxic albuminuria, as a consequence of the acute infectious diseases, is the form most frequently encountered. It occurs as a sequela in convalescence from diphtheria, typhoid fever, and even pernicious malarial fever. Seldom is it observed in the fastigium. The influence of race is strikingly illustrated in this disease. Owing to the rarity of scarlet fever among Negro children, scarlatinal nephritis is scarcely met with. In about twenty cases of scarlet fever seen in eighteen years of practice, nephritis as a complication or sequela rarely developed. On the contrary, according to the following table from a report of the Hospital for sick children, quoted by Dickinson, of 86 cases of nephritis in children, scarlet fever was responsible for no

less than 75, or 64.5 per cent.

"Supposed Causes of Nephritis of 86 children between the ages of 2 and 12 from the Hospital for sick children, London."

Scarlatina	75
Measles	3
Cold	5
Erysepelas	1
Acute rheumatism	1
Eczema	1

(2)

Exposure to cold is given by systematic writers as one of the causes of acute nephritis in children. This is not possible to establish in a majority of cases. In fact, in a large number of cases of albuminuria in children, the causative factor cannot be accurately determined.

The following cases taken from my notes, will serve to illustrate the obscurity attending the cause of this disorder in this class of patients. They will also serve to indicate the principal symptoms common to the disease in childhood. No formal description of symptomatology and treatment will be given, as these will appear in sufficient fullness in the report of the cases as to render such a description unnecessary.

Case 1. L. G., 10 years of age, was called to see her on December 15, 1902. The mother gave the following history. The child had been in her usual health until three days prior to my visit. She had then noticed for the first time in the morning that the girl's face was swollen. Attributing this to cold, no particular attention had been paid to the condition, believing that it

would pass off in a day or two. Instead of that the child continued to swell more and more, and began to lose her appetite, when she thought she would call in a physician.

Present history: The child presented the appearance of a general anasarca, with puffiness of the eyelids and oedema of the feet. She made no complaint of being sick except she felt weak in the stomach. She was in bed, but it was because her mother had insisted on her doing so. She had not gotten wet, nor had any recollection of exposure to cold. A careful examination failed to disclose an abnormality of any of the organs.

Insisting on rest in bed, and advising milk, toast, rice and soup for diet, I instructed the mother to collect the urine for twenty-four hours; prescribed two drachms of magnesia sulphate for the bowels, and recommended hot baths at night.

The notes on the analysis of the urine the following day, December 16th, are as follows: Quantity voided in twenty-four hours, 6 oz. or 180 cc: color, brownish red: Sp. gr. 1045: reaction, alkaline: test for albumin, positive. Albumin was so abundant as to be viscid in the test tube on the urine being heated.

The patient was put on five-grain doses of potass. citrat, and one-drachm doses of infus. digitalis, three times a day; rest in bed, light diet, and nightly hot baths being continued. No improvement. On the 18th Bas-ham's mixture was substituted for former preparation. Owing to the

irritability of the stomach, the child could not retain water which the mother had been instructed to give freely. Slight improvement in the puffiness of eyelids and oedema of feet followed the exhibition of Bas-ham's mixture, but nothing perceptibly in the daily quantity of urine voided. On the 21st the patient was given strontium lactate in ten-grain doses three times a day. The following are the changes in the quantity of urine voided under this medication: December 22, twenty-four-hour quantity, 8 oz. or 240 cc. Sp. gr. 1040: albumin less viscid. December 26, twenty-four hour quantity, 24 oz. or 720 cc: Sp. gr. 1030: albumin considerably reduced. January 6, 1903, twenty-four hour quantity, 30 oz. or 900 cc: Sp. gr. 1028: January 13, 1903, twenty-four hour quantity, 34 oz. or 1020 cc: Sp. gr. 1020: albumin just a trace. January 20, same as January 13. No albumin. Anasarca and dropsical condition had disappeared. Visits discontinued.

Case 2. Mattie B., a girl 12 years old. She had had an attack of small-pox in June, 1903, but had completely recovered. In September following she began to swell, first in the abdomen, then in the feet, and finally over the face. When I saw her on September 15, 1903, she was very much emaciated, with a protuberant abdomen, frequent and shallow respiration, pulsating carotids, scapulae prominent, and the ribs showing through the thin overlying skin. The urine voided for twenty-four hours was 24 oz. or 720 cc: col-

or, pale yellow: Sp. gr. 1016: test for albumin, positive. No history other than that already narrated was obtainable. She was put to bed; restricted to a diet consisting of milk, bread, oatmeal, rice and broths. Hydragogue cathartics in the form of one ounce of magnesia sulph. and one-half drachm of potass bitartrate were administered every other day. Diuretin, in doses of five grains three times a day, was given, and hot baths at bed time. Marked reduction in the dropsical effusion followed: the twenty-four hour quantity of urine one week after this treatment was inaugurated, being 30 oz. or 900 cc: Sp. gr. 1018: albumin slight; color, nearly amber color. One drachm doses of infus. digitalis was substituted for diuretin; and this was followed by a ferruginous tonic the last week; visits to the patient being discontinued at the expiration of the third week.

Case 3. Charles F. 13 years old. Came to my office, sent by his mother, with the complaint that his ankles were swollen so that he could not fasten on his shoes. This was on June 18, 1904. The condition had continued for one week with accompanying loss of appetite, and headache. The history was negative as to diseases of childhood or exposure to cold. Examination was equally negative with reference to the thoracic and abdominal organs, with the exception of the kidneys. Instructed as to the method of collecting a twenty-four hour quantity of urine, he was advised to go to bed, and a list of dietary furnished him.

The urine for twenty-four hours the following day measured 10 oz. or 300 cc: Sp. gr. 1030; color, brownish red, almost the color of blood; reaction, alkaline; test for albumin, positive. Under treatment with ten-grain doses of strontium lactate three times a day, rest in bed, restricted diet, nightly hot baths, the patient completely recovered in two weeks.

Case 4. Edmonia A., four years of age, the only surviving of four children of the parents. This one is a delicate child. I had attended her in malarial haematuria in March, 1907. On September 12, 1908, I was called again to see her and found her in bed with face swollen, eyelids puffy, feet oedematous and general anasarca. The condition had come on overnight, there being no indication of it when put to bed the previous evening. It was not possible to obtain a twenty-four-hour quantity of urine in this case, the child urinating in her diapers and in the bed at night. But a small quantity which was obtained gave a positive reaction to test for albumin. Under treatment similar to that outlined in the cases already reported, modified, of course, to suit her age, the patient, recovered at the expiration of three weeks.

Case 5. Lenora O., nine years of age, was called to see her on September 6, 1908. She was walking about but with face, eyelids, abdomen and feet swollen. From the mother's statement, the child had been in this condition for a week or more, but as she had made no complaint, and appeared to be in her

usual health, eating as heartily as ever, playing with the other children, the parents had not thought it worth while to do anything for her. I had been sent for chiefly on the solicitation of friends and neighbors.

Physical examination; a hardening of the radial artery and the vessels in general unusual in one of her tender years; in other words, a general arterio-sclerosis: a marked accentuation of the second heart sound; marked arrhythmia with intermissions, and bigeminal and trigeminal pulsations. The twenty-four-hour quantity of urine obtained on the 8th of September measured 8 oz. or 240 cc; color, muddy dark red; Sp. gr. 1014; reaction, alkaline; test for albumin, positive; quantity of albumin, five per cent. Microscopical findings: blood cells, squamous epithelium, yeast fungi, granular casts, blood casts, false casts, hyaline casts. Patient was put on potass. citrat and diuretin, each five grains, three times a day. September 12, twenty-four-hour quantity of urine, a pint and a half, or 720 cc. September 21, twenty-four-hour quantity, one pint, or 480 cc; oedema and anasarca more pronounced. Prescribed strontium lactate in five-grain doses, and two teaspoonfuls of magnesia sulph. in a wineglassful of hot water every other day. September 25, saw the case with Dr. W. T. Jones, of Newport News. Urine for twenty-four hours, one pint; oedema of feet and anasarca more pronounced; microscopical findings same as on September 8th. Dr. Jones suggest-

ed increasing the dose of strontium lactate to ten grains three times a day. No improvement. September 30, urine for twenty-four hours, 24 oz. or 720 cc; slight twitching of the facial muscles noticed, accompanied with dribblings from the mouth. October 2, prescribed Basham's mixture in one-drachm doses every four hours. October 3, marked improvement; oedema of feet and legs disappeared, puffiness of eyelids and face gone, and abdominal enlargement considerably abated. The muscular twitchings had, however, assumed pronounced choreic movements.

October 4, saw the case with my colleague, Dr. F. G. Elliott. Chorea more marked. The child could not hold her head on her neck: the muscles of the face, mouth, hands and feet were in perpetual motion. Prescribed Fowler's solution, five drops in a teaspoonful of water three times a day. No improvement in chorea. October 7, increased the dose to six drops three times a day. October 10, marked improvement; dropsical enlargement all disappeared; urine clear, with normal color; few casts and slight traces of albumin. Desirous to ascertain the cause of this marked improvement following the use of arsenic, a specimen of the patient's blood was subjected to a microscopical examination, with the results that tertian malarial parasites were discovered in large numbers. The arsenical treatment was continued until the plasmodia had disappeared from the blood. Meantime, marked

abdominal distention had replaced the dropsical enlargement, with marked tympany. This continued from October 15 to 29, resisting all efforts at reduction until, at the latter date, she passed one ascaris lumbricoid. The patient improved so rapidly after the expulsion of the worm that she was allowed to leave her bed, and go down stairs. Still there was some oedema of feet and legs, and abdominal enlargement. On November 7, the child was seized with violent convulsions. The attack lasted fully four hours. With each convulsive seizure she passed copious quantities of clear, pellucid fluid from the bladder. When at last the seizures yielded to treatment, she remained in a comatose condition for some twenty-four hours. Then she recovered her usual manner and entered upon convalescence. All oedema, dropsical effusions and abdominal enlargement disappeared. Albumin was present in the urine when the last examination was made on January 15, 1909, four months from the date of the first examination; still, she presented every appearance of complete recovery, and has continued in excellent health ever since.

There are a few points connected with the subject which deserve brief notice:

1. There is unfortunately no agreement among observers relative to the average quantity of urine voided in twenty-four hours by children from the age of two to twelve. Holt's table, compiled by combining the results of eight observers, gives

the average quantity at the ages of 2 to 5 years as 500 to 800 cc. or 16 to 26 ounces; at 5 to 8 years as 600 to 1200 cc., or 20 to 40 ounces; at 8 to 14 years as 1000 to 1500 cc., or 33 to 50 ounces.

(3)

Taking this as a standard, it will be readily seen how severe was the attack in Cases 1, 3 and 5, in which the twenty-four-hour quantity for Case 1, a girl ten years old, on the first examination, was 180 cc., or 6 oz: Case 3, a boy 13 years old, was 300 cc. or 10 oz. and Case 5, a girl 9 years old, 240 cc. or 8 oz.

2. The prognosis in acute exudative nephritis in children depends upon its causation and age of the patient. Occurring as a sequela to acute infectious disease, the prognosis is always very grave. The younger the patient the less hopeful the prognosis. Says Holt: "The quantity and specific gravity of the urine and the number and variety of the casts are a much better guide in prognosis than the amount of the urine." There are a number of cases which recover in spite of scanty urine and a great variety of casts, such as *Case 5*.

3. *Case 2*, is of special interest on account of the length of time intervening between the attack of small-pox and the first manifestations of symptoms of renal affection. The integrity of the renal tissues was no doubt impaired by the variolal toxine during the attack of small-pox, but it took fully three months for this to manifest itself in actual symptoms.

4. *Case 5* suggests some interest-

ing questions. What caused the renal attack in this case? Was it a primary affection, or was it secondary to the malarial infection? The choreic movements were undoubtedly caused by the ascaris lumbricoid. But how account for the marked beneficial effect on these movements of the exhibition of arsenic while the primary cause was still in vitro?

5. Of remedial agents strontium lactate acts more promptly in this condition than the other drugs recommended for it, though, occasionally it fails, as in the case of *Case 5*.

6. The advice, frequently found in text-books, to give patients suffering from acute exudative nephritis large draughts of water, I have found to be impracticable, and for this reason, the gastric mucous membrane is very sensitive to the slightest disturbance to the equilibrium of the circulation. In acute exudative nephritis the mucous membrane of the stomach is in a state of congestion as a result of the imperfect functioning of the kidneys; it is, therefore, irritable, and rejects even moderate quantities of water. Hot baths, by inviting the blood to the surface, help reduce the congestion, not only in the kidneys but in the stomach also, and are indispensable in the treatment of this condition.

REFERENCES

1. Quoted by Meltzer. New York Medical Journal, July 28, 1906.
2. Dickinson. Allbutt's System of Medicine, Vol. IV. P. 359.
3. Holt. Diseases of Infancy and Childhood, page 595.

Pellagra

*By THOMAS H. SLATER, M. D., Atlanta, Georgia

Possibly there is no department of human or scientific research more subject to change, experiment, acceptance and rejection than the theory and practice of medicine. To such a degree has this condition been developed until wise heads in the profession have found themselves slow to accept innovations in practice and reputed discoveries in science until both have been proven of real service and benefit to suffering humanity. And while I may offer some proofs as to the existence of this medical "will-o-the-wisp" and make a few suggestions as to my way of dealing with it, I wish to state now before I have said anything on the subject that I do not feel myself competent to fix its etiological status or decide upon its specific treatment. This finality I wish most respectfully to leave with you brainy and scientific gentlemen.

A few years ago the medical and scientific world was startled with the heralded discovery of a disease rare in appearance in most parts of the world, but recently found sporadically and simultaneously in many parts, far removed in climate and conditions from those formerly believed to cause and control its manifestations. Thus we were apprised of the existence of Pellagra in our

midst, its frequency of occurrence, its etiology and pathology, an accurate description of its manifestations, and a resume of its varied treatment.

Without making an extremist or faddist of myself, I shall attempt to give a brief history of this much studied and talked of disease, a few of the theories upon its etiology, its symptomatology and the treatment appealing most favorably to careful and conservative therapists.

It has been known in Spain since 1735 and was first observed by G. Cassal of Oveido, who seeing it among the Austrian peasants and finding no literature of his day on the subject, called it "mal de rosa," because of its characteristic erythema. He regarded it a cutaneous affection and referred it to the leprosy class. It appeared in Italy about 1750, was first described there in 1771, and Frapolli of Milan applied the name of *Pellagra* to it. In 1784 it seems to have been of such importance that a hospital was established under royal authority for the study of its nature and cure and the Elder Strambio was placed in charge. In 1810 Mazari first called attention to the relation between maize and pellagra and in 1844, Bellardini first suggested the theory that the disease might be due to spoiled maize, that is, maize which has undergone

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change by the fungi on the grain; from the greenish color produced by the parasites, Bellardini's view was called the "verdet" theory. This theory was developed and most ably defended by Lombroso. In France early in the 19th century, pellagra was first observed by the Elder Hamean in the vicinity of Teste, hence it was called "Maladie de la Teste." In 1845 Theophile Rousel made a valuable contribution to the study of the disease, established the identity between pellagra and mal de rosa, distinguished clearly between it and pseudo-pellagra and advocated the "verdet" theory. The appearance of the disease in Roumania early in the 19th century produced quite a deal of investigation and study resulting in valuable contributions to the literature on the disease. Among these works those of Babeo should be given special prominence. Since the exploitation of the "verdet" theory one would naturally expect the greatest study of it in those countries where corn or maize was a staple product or furnished the chief article for bread stuffs: consequently, Sandwith reported a case from Egypt and various writers began to report it from all parts of the world but usually in a sporadic form. 'Tis singularly strange that American scientists and students were so very backward in the early study of its causes, character and cure.

It is generally agreed that pellagra is an intoxication due to using Indian corn, which under the influence of certain unidentified parasitic growths

or fungi, has undergone certain chemical changes with the production of one or more toxic substances of a chemical nature. Alcoholic and watery extracts have been made from spoiled maize, and chemical substances of an undetermined nature have also been isolated from the same source. Along this line of work, Lombroso did some very notable work and has given these extracts to both men and animals with the production of symptoms analogous to pellagra in a greater or lesser degree; and in animals to very suggestive post mortem lesions. To one of these extractives Lombroso gave the name of *pellagrozein*. All such work yet is in an undetermined state and no definite statement can be made as to the exact chemical nature of the toxic substances involved. As regards the parasites found on maize, the varieties are numerous and no single one seems constant enough to be rated as the definite causative agent. It might be stated that Babeo and others found in the blood of pellagrins a substance antagonistic to the action of *pellagrozein*.

There are other views as to its causative nature while not so generally accepted as the "verdet" theory, yet it might be worth while to refer to a few of them here.

First: Anto-intoxication. This view maintains that a constant and exclusive diet of corn produces certain changes in the vegetating properties of the intestinal flora with the production of a poisonous substance in the bowels. A somewhat similar view is that the disease is an intesti-

nal mycosis, the offending micro-organism being eaten with the corn and colonizing in the intestinal tract. Some writers report having isolated pellagrinous bacteria from the blood and organs, but as yet without proper scientific confirmation. Then there is the idea that pellagra is not a definite morbid entity at all, but a complex symptom sometimes observed in alcoholic and cachectic states of diverse origin. The food value of maize has been questioned by some and the suggestion made that pellagra is but a form of *starvation*. It seems well established however, that good maize is extremely nutritious, and is richer in albuminoids than any other cereal when properly matured and dried.

It was formerly believed that the disease was confined chiefly to the poorer classes, because they subsisted chiefly on corn or food articles made from it. In Italy where it was first extensively studied, this belief was entertained, because of the poor quality of corn grown there. Developments show, however, that it is not confined to any class nor country nor even to those who subsist solely upon it as an article of food.

Among predisposing causes there may be season, heat and sun. The appearance or recurrence of the symptoms in spring is almost constant, but the season, heat and sun are thought to have only an indirect effect in the maturing of corn and the development of parasitic growths on the grain. The actinic rays of the sun often act as an exciting cause of erythema. Climate seems

to have no effect, except the indirect influence of maturing corn and developing parasitic growths. Sex seems to exert no influence, though the nervous symptoms are said to be more dominant in the female.

Age: statements vary as to the influence exerted by ages, but most authors are agreed that it rarely, if ever, occurs in infants. It is most frequent between the ages of 20 and 40, but I very recently attended a case in a patient of 55. *Alcohol, previous sickness, hygienic conditions, poverty, venereal excesses*—all exert only indirect causative influence in that they lessen vital resistance. It should be noted also that other diseases of parasitic origin as anchylostomiasis and bilharziosis are infrequently present in pellagra. Malaria, too, is common but these are regarded as complications and not causative agents. The disease is not hereditary, neither is it contagious nor communicable.

Symptoms: Pellagra is both an endemic and epidemic disease which occurs in those who feed upon spoiled maize, characterized by an erythema of the skin, digestive and nervous disturbance. It may terminate in serious conditions as grave as cachexia and insanity. It is periodic in its manifestations, usually occurring with the beginning of spring, ameliorates during summer, and ordinarily in winter the symptoms disappear to such an extent as to give the false idea of recovery. So long as the cause persists, the disease will reappear each year. The disease usually begins with gastro-intestinal disturb-

ances, quickly followed by an erythema of the skin, and in a brief while there is more or less involvement of the nervous system. It is a slowly advancing toxæmia, the brunt of which must in the end be borne by the nervous system and each annual recurrence leaves a deeper and more indelible mark on the mental and nervous condition of the sufferer.

Most expert physicians divide the symptoms into three (3) periods or stages. This division is purely arbitrary and has no reference to the time the malady may have existed, but is based largely on the intensity of existing symptoms. For instance, a patient may have suffered with pellagra for many years and still remain in the first stage of the disease, whereas another in a much briefer period may have advanced to the third stage. The disease is essentially *chronic*. Some writers do make mention of a florid type, but very little time is given to a description of the acute form. The presumption is that it does not differ in symptomatology but is simply far more rapid in its evolution.

First Stage: Prodromal symptoms are said to be present but have not been satisfactorily studied because the poorer or peasant class who are most affected by it being inured to hardships seldom seek the aid of a physician for what they regard ills of minor importance. Therefore this stage is often unobserved. As previously stated, pellagra manifests itself in early spring as a rule. There is a sensation of

heat in the mouth and stomach, taste is altered, appetite usually lost and ptyalism is very often present. The tongue is often coated and an examination of the mouth often shows redness of the mucous membrane with vesiculation and even superficial ulceration. Dyspeptic symptoms and flatulence are noted, and sometimes abdominal pain usually epigastric, occasional vomiting, diarrhoea, sometimes constipation, are present. Diarrhoea as well as the vomiting may be spasmodic, or the diarrhoea may be mucous, mucosanguinolent, dysenteric or serous in character. There may also be colic and tenesmus.

In a short time the characteristic erythema appears. It selects nearly always the uncovered parts of the body and is symmetrical in its distribution. Its appearance is usually accompanied by a sensation of heat, swelling and itching in the affected parts. Muscular weakness usually of the lower extremities is present early and the patient tires easily. Temperature is usually normal, yet there might be an evening rise. If there is much fever, complications should be sought for, for pellagra has been called the "feverless disease." Pulse usually rapid. Functional heart may also be present. Vertigo is very often present and is very annoying. Headache usually occipital is present and is very severe. Intractable insomnia and various neuralgias are not infrequently present. Special stress is laid by some authors on spinal neuralgia with cramp-like pains extending to the

extremities. The knee jerk at this stage may be exaggerated. Intelligence even in this stage may be affected and there is a mild mental weakness with depression of spirits. Ocular phenomena are sometimes present, inequality of pupils occasionally, dilatation often. Diplopia and amblyopia may occur and sometimes cataracts. Inflammatory and atrophic alterations in the optic are rarely observed. Blood changes with the exception of a mild secondary anaemia are unimportant. Urine shows no important changes; when albuminuria is present it can usually be referred to nephritis.

Second Stage. All the symptoms of the first stage are aggravated and an appearance of new symptoms is marked by an evolvment of the nervous system which now dominates the scene. The anemia increases, loss of weight is apparent, greatest physical weakness now appears, the erythematous patches now become thickened and covered with a hard, cracked, pigmented epidermis, sometimes of a yellowish color. Stomatitis is aggravated, ulcerations more frequent and now if never before the tongue is smooth and denuded of epithelium—the “bald” tongue. The diarrhoea is more persistent sometimes sanguinolent, sometimes serous. The serous diarrhoea is not seldom painless and very persistent. If continued it leads to cachexia. The nervous symptoms are much exaggerated and the great characteristics of this stage are cerebro-spinal disturbances. Vertigoes become grave and more prom-

inent. Headache occurs with a sensation of weight. Insomnia and neuralgias are more prominent and severe. Psychical manifestations are seldom lacking and have the character of melancholia. In mild cases there may be a feeble-mindedness which may develop into a stupor. In severe cases there may exist melancholia with anxiety, delusions with persecutions and disturbed views on religious matters. Melancholia may end in dementia. The circular type of insanity as well as paranoia have been observed. Muscular feebleness is marked and partial paralysis may occur. There may also be present states resembling tetany with paroxysmal-like painful tonic contractions of the lower extremities. The gait is usually paralytic, occasionally paralytic spastic, but never ataxic. The ocular disturbances already described are more likely to occur at this stage. Vaso-motor and trophic disturbances besides the erythema are often noted in the skin, as paleness and anserina cutis, cold sensations and heat.

Third Stage: This is really the terminal stage and is characterized chiefly by cachexia. The symptoms already described do not give way but are present and are exaggerated. The cachexia now stands boldly in the foreground with dementia, paralysis and other cerebro-spinal phenomena very much in evidence. There is an ever increasing marasmus, marked anaemia, atrophy of musculature and subcutaneous fat and lack of resistance against intercurrent diseases. In addition there

is great muscular weakness, perhaps paralysis including the bladder and an uncontrollable diarrhoea. Death follows with the signs of heart weakness and its consequences oedema and effusion or some intercurrent disease as tuberculosis or septicaemia. The diagnosis must depend upon the presence and prevalence of the triad of symptoms, *erythema*, *digestive disturbances* and *nervous disorders*. It will be well for the clinician to make himself proficient in differentially diagnosing pellagra from cutaneous affections—erythema, eczema, lichen or leprosy; from other grain poisoning as ergotism and lathyrism. From chronic mercurial and arsenical poisoning, also from achrodynia and dementia paralytica. These conditions must be referred to their proper place by a careful study of their history, causative agents and symptoms.

Prognosis always doubtful and serious.

Prophylaxis: Remove patient from all cereal food made from corn or corn products. Insist upon having nothing but the best selected corn ground into meal, grits, or hominy. To this end *state* and *federal* aid is absolutely necessary. Put a ban upon all cheap and patented breakfast foods unless made from grain complying with a government standard hereafter to be fixed.

Treatment: Endeavor to surround patient with those sanitary and hygienic environments which tend to conserve energy and vitality. Proper and sufficient diet and nour-

ishment. This is one disease in which I believe a patient should be encouraged to eat all that may be safely given him. Outdoor life is imperative; congenial and pleasing social environments have much to do with preventing the development of serious mental complications.

The medical treatment resolves itself into an intelligent management of the conditions as they arise. The different alterative remedies seem to head the list in the therapy of the disease. Atoxyl and soamin, two recent preparations of arsenic, arsenite of iron, Fowler's solution, Pottassium Iodide, succinamide of mercury, Bichloride of Mercury, Cacodylate of Soda, and Sulphide of Calcium are all used with varying success by the friends of each. For the diarrhoea I would give tannalbin, tannigen, protan, beta naphthol, subgallate and salicytate of bismuth, resorcin and a pill of silver and opium as a last resort. For the stomatitis a solution of thymol-1 gr. to the ounce, a preparation containing hydrastis, potass. chlorate, glycerin and infusion of rhus glabre. For the aphthous patches nothing is better than touching them with a 2 per cent. solution of silver nitrate. For the ptyalism, I get excellent results from a solution of atropin sulphate applied locally. For the rash any bland ointment either of oxide of zinc or of boric acid; or preferably one made with mild chlorid of mercury, prepared talcum and ointment of rosewater. This is usually pre-

scribed in the following proportions:

Rx—Hydrargyri chlor. mit.	oz. i
Talc. pulverat	oz. iii
Uug aq. rosae	dr. 1
M qt. ung.	

For the burning hands and feet a mild solution of bichloride of mercury applied with compresses, ice cold packs or a mustard bath will do much good. For insomnia and neuralgia, veronal and neuronidia, aspirin and the different bromide preparations will be found most helpful. When the digestive organs will tolerate the treatment, Fowler's solution and potassium iodide in the proportion of 3 to 5 t. i. d. given in one of the best pepsin preparations will not only prove very valuable in its therapy as an alterative, but more than acceptable in its cost. I have found it a rather difficult matter to keep poor patients on atoxyl, soamin, cacodylate of soda or even arsenite of iron because of their cost. Diet must be pushed to the limit of physiological tolerance and assimilation. Superior nutritive virtues are claimed for a proteid diet, especially that of lean meats. I would not restrict diet to any special class, but give or rather push nourishment along any line which seems most needed, believing that it is best to give patient sufficient food to relieve the mind of any worry or anxiety, as to what or when he must eat.

Case 1. Mrs. T, widow; age 55; was called to see patient in April, 1910. Patient had been ailing about two years. Found her with a typical case of pellagra in second stage. All the gastro-intestinal symptoms

were greatly aggravated, aphthous patches and ptyalism were present, also a very persistent serous diarrhoea. There was also an extensive and aggravated vaginitis with an excoriation of the entire perineal surface extending one-third distance between inner thighs. The rash had assumed a hard, leathery appearance of a burnt orange hue. There was extreme atrophy of subcutaneous fat and musculature. Asthenia, a gradually weakening mentality was quite marked. I gave prognosis as unfavorable and began treatment to ameliorate and control the most annoying symptoms. The aphthous patches were touched with a 4 per cent. solution of silver nitrate and a strong astringent and antiseptic mouth wash containing hydrastis, chlorate of potash, carbolic acid, glycerine and rose water. Later the membranes were treated with iodine and glycerine with most excellent results. The diarrhoea was treated with salicylate of bismuth subgallate of bismuth and protan. The diarrhoea was never entirely under control. She was put upon Fowler's solution and potassium iodide. Her diet was restricted (because of the condition of her mouth) to milk, eggs and concentrated meat broths and soups. Obtaining no appreciable benefit from treatment tried, she was removed to the country where she was seen every four or five days. Her weakness and mental symptoms began to grow rapidly worse as autumn approached and she died on the 21st day of September, 1910. Not hav-

ing a sanitarium or charitable institution where this patient could be properly treated, I have always felt that had she been given atoxyl or cacodylate of soda she might have responded to the treatment; at any rate, I would have been more pleased with her chance.

Case 2. Mrs. Y., married; age 26; saw patient in February, 1911. Found patient in the second stage with characteristic leathery epidermis on hands and arms, ptyalism, "bald" tongue, gastric indigestion, menorrhagia and a very marked weakness; of course, patient was very much emaciated. There was also present an ominous melancholia and hysteria. The ptyalism was treated with silver and a wash containing atropin, thymol, glyco-thymolin and listerine. The menorrhagia was controlled by the use of hydrastinine—sol., adrenaline chloride, cotarnine and astringent tampons. The anemia was treated with liquid Blaud and Fowler's solution. Later atoxyl was given in $\frac{1}{3}$ gr. doses. Arsenate of strich. given in $\frac{1}{60}$ gr. every four hours. Patient seemed to have a morbid aversion to food. The anemia changed rapidly to the pernicious form and the patient died on June 25th.

Case 3. Mrs. F., age 30, married (out of town patient). Patient came to me early in June with a typical case in the first stage. She had the erythematous rash, gastro-intestinal disturbances; viz.: gastric indigestion and a mild diarrhoea. Patient complained of increasing weakness and a disposition to tire easily. This

patient had never been suspected of having pellagra but was being treated in her home town for malaria. She was at once put upon a combined treatment of arsenite of iron $\frac{1}{4}$ gr. and arsenate of strych. $\frac{1}{30}$ gr. t. i. d. For the diarrhoea she was given resorcin and salicylate of bismuth. For the eruption an ointment containing oxide of zinc, boric acid and ointment of rose water. Diet—milk and eggs to the limit. Also vegetables and lean meat. Outdoor exercises and recourse to social diversion were advised. She is still under treatment and doing quite well.

Case 4. Mrs. T.; age 26, married. This patient first came under my care in February, 1910, when she was treated for pulmonary tuberculosis. Saw her regularly for four months and in June of same year sent her to the country where she was given open air treatment. She remained here one year and returned in July of this year much improved in her tubercular condition but I was shocked to find all the symptoms of a full fledged case of pellagra present. The shock was all the more violent because I found her mental condition alarming. There was the leathery eperdermis on arm and hand; stomatitis, anorexia, extreme muscular weakness, hysterical irascibility and at times, grave symptoms of acute mania. She was removed at once to a locality where her mental condition could be given immediate attention in the way of quiet and pleasing environments. Internally she was given arsenite of iron in $\frac{1}{20}$ gr. doses. For the nervous and men-

tal symptoms, neuronida was given both for sedative and hypnotic effect. Her aliment consisted of milk, eggs, concentrated meat, broths and soups and was pushed to the physiological limit; when patient was last seen a few days ago, her physical and mental condition showed marked signs of improvement.

I have mentioned these cases as a few of those having come under my treatment, yet I have been fortunate to have seen it in all stages of development. While I am optimistic as to cure if taken in time, I have discovered nothing as yet, among the many remedies which may be regarded as a specific. To my mind the treatment resolves itself into an

intelligent interpretation of the pathologic forces at work and the employment of the remedies which in the judgment or experience of the physician are likely to give best results. I would advise a combined alterative and haematinic treatment. Using the simplest forms of each class and those most likely to be best and longest tolerated by the gastro-intestinal system. Psycho-therapy will do much to wean the mind away from its melancholic or maniacal tendencies. No routine of stereotyped methods can accomplish this; it can only be done by a daily effort along the best line of intelligent study, diligence and clinical work.

The Gospel of Health

The Church is beginning to realize that a part of its duty is to proclaim the Gospel of health, that if it would follow the ministry of Jesus it must help to prevent disease as well as carry its comfort to the sick. The campaign to eliminate contagious diseases is moving the medical profession to missionary enthusiasm. In that campaign they have a right to expect the enthusiastic support of the churches, not only in aiding to spread that information which is so essential to the prevention of disease, but also in enforcing that sense of social responsibility without which the information will be valueless. The Church must make folks feel that in the matter of health they are emphatically their brother's keeper.

The churches are asked by those who are fighting the great white plague to set

aside April 30 as Tuberculosis Day. Last year over 40,000 sermons were preached on the prevention of consumption. This year the churches are asked not to devote the regular Sunday service to that cause, but to hold a special meeting for the discussion of the prevention of tuberculosis, either on April 30 or in the week preceding or following. It may be desirable to prevent the problem before or after the regular sermon.

The National Association for the Study and Prevention of Tuberculosis is planning to gather statistics from ministers showing the extent to which that disease exists in the churches and the problem that it creates for them. Material for an address can be obtained from the office of the Association, 105 East Twenty-second Street, New York City.—Southwestern Christian Advocate.

Annual Report of Editorial Office of Journal of N. M. A.

*By C. V. ROMAN, M. D., Editor, Hampton, Va., August, 1911

LADIES AND GENTLEMEN:

This is my third report. I feel less and less like arguing the case of the Journal of the N. M. A. as the years go by. To any person of average intelligence who will investigate, the necessity of a first-class medical journal, owned, edited and circulated by colored medical men is painfully apparent. This class of people need no argument. And what use is argument to those who are too careless to observe, too ignorant to think, or too heartless to care? Like the predestinarian in religion, I feel that the elect need no preaching and the damned will not be benefited thereby. I shall, therefore, adduce no arguments to show why the Journal should continue, but shall content myself by summarizing the experience of the past and casting the horoscope of the future.

'Tis an uphill road; many conditions impede progress.

1. Ignorance of the labor and expense involved. Many do not know the difference in plate and original matter, etc.

2. Pure selfishness.—Altruism is the ripest fruit of civilization. Success seems to engender selfishness. Men who have grown wealthy out of medicine seem to care neither for the profession nor the people. The

milk of human kindness seems to curdle in the sunshine of prosperity.

3. Extra-professional interests (Lodges, etc.), and clashing personal ambitions.

4. There is a superficially educated—a pseudo-intelligent—class who really know something of medical literature but who are ashamed of their race; and will not be associated with anything racial except for personal magnification or pecuniary gain. If they subscribe for a race publication, they won't pay for it, and if they pay for it they won't read it. I have had several of this class to encounter on me when urging them to support the Journal, by trying to take my subscription for it. Didn't know I was editor. Some had even paid for the Journal, but because they had refused to contribute to its columns they imagined there was nothing in it worth reading.

5. There is another class of delinquents, which for want of a better name, we will call the manana crowd; mostly good intentioned folks that intend to do something tomorrow.

"Tomorrow's action,—can that hoary wisdom

Borne down with years, still dote about tomorrow?

Fatal mistress of the young, the lazy,
The coward, the fool, condemned to waste
An useless life in waiting for tomorrow,

*Read before the 13th Annual Session N. M. A., Hampton, Virginia, August, 1911

Till interposing death destroys the prospect.

Strange that this general fraud, from day to day,

Should fill the world with wretches, undetected.

The soldier, laboring through a winter's march,

Still sees tomorrow dressed in robes of triumph.

Still to the lover's long expecting arms

Tomorrow brings the visionary bride.

But thou, too old to bear another cheat,

Learn that the present hour alone is man's."

Men and brethern, let us go forward! This Journal should have a guaranteed circulation of over 5,000 and would if every one would do his duty. The business office must be sustained if the Journal is to remain. This is the heavy end of the load.

First, let every one subscribe for the Journal himself and pay for it, and read it, and tell the editor what he thinks of it, etc. Let the Journal become the common meeting ground of the profession we represent. A note in its columns should be seen by every Negro doctor, dentist, and pharmacist in the U. S.

Second, induce every one you can to subscribe. It helps to make favorable sentiment for the race to have white physicians read our literature. Several physicians have subscribed for their white friends of the profession. They have invariably been pleased with their investment.

Third, help to get good "ads" and patronize our advertisers.

Fourth, report interesting cases and news items.

WHAT HAVE WE DONE FOR THE PROFESSION

The Southern Workman for this month contains the story of an Indian waif named Woodman. His lot was indeed hard until the altruistic kindness of a chance acquaintance opened the door of opportunity to him. He entered that open door. Passing over his struggles I copy the author's description of his triumph.

"Picture him at this time—tall, silent, and pre-occupied, but with a smile that lighted his whole face and won the interest and sympathy of the veriest stranger. He had marked Indian features, and eyes, that like his grandfather's, seemed to see things beyond the task in hand, but this, in the Woodman's case, was only seeming; for though he remembered the traditions of the reservation, and his own childhood experiences and impressions in the Council House, these were but dim memories, and the demands of his trade and the friends and interests of the active life he was living, satisfied him.

"The Woodman in his thoughts and pursuits, had become a white man; but back of it all was race consciousness, and the school that had trained him had impressed him with a sense of a peculiar responsibility to his people. This showed in an interesting way after he had been for some time in the shop. The men proposed his name as a member of their Union. He thought the matter over with care and finally consented to join as an Indian. The members demurred, but he was firm,

and they took him on a basis that left the door open to others of his race."

It is within our power to roll away some of the barriers that handicap us professionally. Every race owes its contribution to the storehouse of world-lore. We owe ours to medicine. Some private distinctiveness of thought is necessary to produce personality in an individual, and without personality, human units are not persons but things, pawns in the game of life,—driftwood of society—slaves of fashion—hewers of wood and drawers of water. So with races. One that tries to conform the education of its members to the ideas set by another race, however friendly that race may be, can never evolve those distinctive racial traits that make for ethnic entity. A race must produce philosophers of its own blood to formulate for it an ethnic consciousness before it can win the respect of mankind, and count one among the tribes and peoples of the earth. The Japanese are a splendid illustration of what I mean. They adopted occidental medicine, but also improved and adapted it to Japanese uses—surpassing in military efficiency anything the world had ever seen. Japanese medicine has won a distinctive place in the universal healing art. Negro medicine can, and should do the same thing.

The Journal OPENS a way for the Negro to take a seat in the hierarchy of the Medical Profession. If I read aright the horoscope of the Profession, the seat will be taken.

There are many encouraging signs.

1st. The improvement in the papers presented. This improvement shows in *force, cleverness, accuracy and originality*.

2nd. The willingness of the abler men to lend a hand.

I have received some very encouraging promises of help to make the Journal all that we desire.—I am very much encouraged along this line.—The one dark spot on the horizon is the paid circulation. The future is not safe until the publication is self-sustaining. This can only be accomplished by a general effort of the members. The editor and staff have been in harmonious concurrence during the year. The bulk of the work falling, as usual, upon the Managing Editor and myself, who have labored to the limit of our strength, mentally, physically and financially, to bring the Journal to its present state of presentability. Its influence is growing.

Our list of exchange is still growing in importance and length. The Journal, by request, is furnished to some of the prominent Medical libraries of the country. It has been noted in the bibliography of at least one text book.

The advertising patronage is on the increase. The Managing Editor's report will show the business status of the Journal.

SPECIFIC RECOMMENDATIONS

1st. I think the Association should pay the editor's traveling expenses to the Annual Meetings—as

they agreed to do at Boston, but did not.

2nd. The editor should be a member of the Executive Committee.

3rd. That the Executive Committee adjudicate the bill of the Dental Editor, who resigned during the last year because his private business prevented his giving further time to the Journal.

4th. That the members appearing on the program take more pains with the preparation of the manuscript submitted for publication. Manuscript should be on paper of convenient size, not rolled (and if possible not folded), should be typewritten, and words correctly spelled. Attention to these points will not only lessen trouble of editing but will help the writer very much.

In conclusion, I wish to thank every one who has by thought, word, or deed, assisted me and my co-workers during the year just past, in keeping our flag above the ramparts.

My heart goes out in gratitude to this Association for the kind reception given my report last year in my absence, and the magnificent response you made to my appeal for the Business Office of the Journal. I regret that professional cares prevent the presence here today of my eloquent and scholarly young friend, Dr. A. M. Townsend of Nashville, Tenn., who read that report to you in Washington.

"A simple rose to the living
Is more than sumptuous wreaths to
the dead."

I therefore, take this opportunity to thank publicly the Managing Editor of the Journal for his unselfish work for the profession. He is a scholarly and accurate writer, a skillful and successful surgeon, and withal, a genial a polished gentleman. May his tribe increase.

I CLOSE.

During the Revolutionary War there was in the patriot army, a certain picket line where every night the picket was killed. It naturally became a very dreaded watch, and lots were cast to determine who was to be sacrificed upon the altar of freedom. Finally, the lot fell to a very brave young man, who broke down and wept when it became time for him to take the fatal watch. He said he did not mind being killed; it was a soldier's lot to die; but he wanted a chance to fight his foe. He was inconsolable until an old soldier came forward and said soothingly:—"Never mind, young man, come on and I will watch with you." The lad went bravely to his post, and, true to his word, the old man secreted himself and watched.

'Way in the night, the old man said to the picket, "Watch that bush yonder, but walk as if paying it no attention. As soon as you are near it bring your gun down quickly and fire through it." The lad obeyed instructions and out leaped a British soldier, mortally wounded.—Together they had conquered, where alone they would have failed.

Brethren, YOU have placed us on a fatal line. No Negro society has ever successfully published a medical journal. We have steadfastly held our post for three years. THE DANGER is daily increasing! WON'T YOU COME AND WATCH WITH US?

Report of Commission for Study of Pellagra

*By A. M. TOWNSEND, M. D.

NASHVILLE, TENN.

Mr. President and Members of the National Medical Association:—

Your Commission for Study of Pellagra is unable to bring to you in this report anything new concerning this disease, either as to its etiology, pathology or its treatment.

This inability on our part is not because we have failed to discharge our duty along the line of investigation and research, for indeed we have taken advantage of every opportunity and made use of every means obtainable to bring to us light.

Pellagra to us yet remains forsooth "The Medical Mystery of the day."

Where possible we have gone through cases at post mortem, making most careful investigations and using the best modern laboratory methods, and yet we were unable to find anything new, either as to the cause of the disease, or as to the influence of treatment.

We are therefore yet at sea as to its etiology. 'Tis useless to mention the divers theories advanced. A theory, however, advanced by Dr. J. A. McMillan of Nashville, we think might be worthy of investigation, and that is that the cause may be found to be associated with Tuberculosis of the Spleen.

We have nothing new from pathological findings.

The symptomatology of the disease is so characteristic that there is little reason why one should err in recognizing the condition.

So far as treatment is concerned, no specific has been found. There are reports of cases that have been benefited and some cases reported cured by certain lines of treatment. All treatment is yet in the experimental stage.

Dr. H. M. Green of Knoxville, Tenn., and I believe we have fallen upon a real cure for Pellagra. In more than 30 cases treated by this drug the symptoms have all cleared up. The diarrhoea checked, the skin eruption disappeared. There have been so far no fatalities and no relapses. We care not just now to disclose this line of treatment, for it is our desire to test it in a sufficient number of cases to prove its efficacy beyond the question of a doubt before we give to the profession the benefit of it.

Perhaps by our next meeting, in our report to you, enough experimentation will have been done to recommend its use to you with a certainty as to its positive influence.

The existence of Pellagra among us is now no longer doubted. We are all agreed upon its existence. From reports it seems to be on the increase, and its prevalence seems to be greatest in the Southern States. The maize theory is being to a degree exploded, and the advocates of infective origin have many followers.

In the continued efforts put forth on the part of the profession to find the cause and subsequent rational treatment of this more-to-be-dreaded disease, the members of this Association must not be behind. We are called upon therefore to contribute everything within our power and means to the clearing up of the mystery which surrounds Pellagra.

Respectfully,

A. M. TOWNSEND, Chairman,
J. E. HUNTER,
C. M. WADE,
Pellagra Commission.

*Read before General Session N. M. A., by Dr. C. V. Roman at Hampton Meeting, 1911

Report of the Hookworm Commission

*BY JOHN A. KENNEY, M. D.,
TUSKEGEE INSTITUTE, ALA.

Mr. President and Gentlemen: In our studies and investigations, one of the most pronounced features which confronts us with reference to the hookworm condition is the lack of authentic statistics. Letters to the Boards of Health of ten Southern States last year brought several replies, but with meagre details. This year our success along this line has been even less pronounced, causing us to believe that in most states not a great deal of progress has been made. However there are exceptions.

It is well known that under the influence and stimulus of the Rockefeller Commission for the eradication of hookworm in the South, some of the Southern States are doing excellent work along these lines, notably, Alabama, and North Carolina, and a few others.

From a report published on June 25, we find that 9,775 cases of hookworm disease were treated in Alabama, from January to June of the present year. This work was done under the direction of Dr. W. W. Dinsmore, of the State Board of Health, with his three assistants.

From the annual report of the assistant secretary of hookworm disease in North Carolina by Dr. John A. Ferrell, we learn that from June 1, 1911, 23,312 examinations were made. Of this number 7,276 hookworm infections were found, and 2,543 other intestinal infections.

This work is being carried on under the direction of the North Carolina Board of Health, with the aid of the Rockefeller Commission.

The examination of specimens and the treatment of those afflicted are not the only work done by these states; for in each instance there is a well directed campaign against the hookworm, the same as is being fought against tuberculosis.

Next to the dearth of statistical matter with reference to the disease, the next most emphatic and regrettable condition is the indifference manifested by the physicians. Your commission in its investigations has not been backed by a Rockefeller Commission, nor any other subsidy. Hence it is manifest that its work could not be carried on extensively. We have done personal work in our communities, and have written individual letters to our physicians, seeking their aid and co-operation, but with indifferent results. Out of 1,000 circulars printed on the subject and distributed, we have received only four replies as follows: Springfield, Ohio, has no hookworm present. From Portsmouth, Va., reply, "not to my knowledge. Uncinaria-sis not being a reportable disease, no information connected with it can be had from our Health Department." The writer had had no case in his practice. From Philadelphia, none. From Greensboro, North Carolina: "The disease present in North Caro-

*Read before 13th Annual Session, N. M. A., Hampton, Virginia, August, 1911.

lina. Percentage of cases infected among 4,164 whites in 1910 was 45.7 per cent. Among colored, 16.6. The disease is not included in mortality statistics. The writer has treated 19 by Thymol. Two cases treated twice. Two distinct improvements in weight and mentality."

Aside from endeavoring to collect statistical evidence on the subject, each member of the commission has tried to do some individual research work in his community. Thus conjointly, we have made microscopical examinations of 6,680 specimens. Total number found infected with hookworm, 32.

Dr. Holman has made the following investigations:

1. He examined the mixed feces of a family of seven, then of each individual, with the results—*Strongyloides Intestinalis Steracoralis*.

2. A family of two children and parents Results—no parasites. (Sanitary conditions good.)

3. One infant. Results—no parasites.

4. Cotton and woolen factory. 175 persons,—*Lumbricoides* present.

5. Pulaski schools, *Lumbrics* and *Tapes*. Number of persons 660.

6. Two public schools in the city of Nashville. Number of pupils, 700. *Lumbrics*. No sewer.

7. Two county schools. Total 250 *Lumbrics*.

8. Provident School (country) 124 pupils—*Strongyloides* present.

9. Mt. Nebo City. Pupils 189—*Lumbrics*.

10. One suspect, negative.

11. A school of correction of 18 members—*Strongyloides*.

12. A school of 900 pupils—*Strongyloides* and *Trichocephalus Dispar* present.

13. One college, 200 boys. Results negative.

14. Suspected child—*Lumbrics*.

15. Suspected man—results negative.

Total examined 3,289.

Total infected with *Lumbrics* 1,049

Total infected with tape 660.

Total infected with *T. Dispar* 900.

Dr. Holman concludes his statement thus: "We find no hookworm in this vicinity among our people so far."

Dr. J. D. Fowler, doing individual work along this line and making his microscopical examinations in the laboratory of Dr. Holman reports as follows: 3,189 examinations. Infections 2,983, as follows:

Trichocephalus Dispar 918.

Strongyloides intestinales 139.

Lumbricoides infection 1,926.

Negroes examined 2,609.

Whites examined 580.

No hookworm.

Dr. S. B. Jones of the A. & M. College of Greensboro, North Carolina, reports that out of a collection of 97 specimens collected from students in that school and sent to the Laboratory of Hygiene, Raleigh, North Carolina, hookworm ova were observed microscopically in 16, from 11 different counties in the state, and one from Virginia. These cases occurred in counties that are widely separated, and hence the area of distribution of *Uncinariasis* in North Carolina is fairly extensive."

Twelve of the sixteen who were afflicted took the treatment.

In January, 1911, a second set of 34 specimens were sent to the State Laboratory. Twelve of which were positive. Ten of these were from the number who had been treated. The other eight cases which had been treated showed no symptoms of the disease remaining.

During the month of March, 32 specimens from suspected cases were sent for examination; three of which proved to be infected with hookworm, and three *Ascarides*, *Lumbricoides*; he gives the following summary:

Total enrollment (1910--1911) 268.

No. of students giving history of Ground Itch 68.

Total number of specimens examined by State Laboratory of Hygiene 159.

Total number of positive cases reported by State Laboratory 31.

Total number of students examined 147.

Total number found infected 28.

Percentage of infected among those examined 19 per cent.

Total number students treated 1910-1911 23.

Of the 28 positive cases which came under Dr. Jones' immediate observation only two showed symptoms of marked severity. The others were mild infections. Some were among the most intelligent students in their respective classes. He summarizes as follows: That the disease has a wide distribution in North Carolina is evidenced by the

fact that students from 28 different counties gave a history of hookworm infection, in shape of Ground Itch or Dew Poison. However the percentage of infection is much lower than in representative white schools.

In the laboratory of Tuskegee Institute hospital 100 cases have been examined with result that four infections with hookworm eggs were found. Many of these cases examined were those suspected of having had the disease by reason of a train of symptoms usually found in those who are infected. A great many of them giving history of Ground Itch, sores on legs, etc. Of the four infections, all gave history of habitation on sandy soil. Two, history of having had Ground Itch, and two as having had sores on the legs. These specimens were taken principally from students from the different Southern States, Porto Rico, and Cuba. Some were taken from persons living in the county near Tuskegee. Several specimens were also collected from earth closets and examined. In the four cases found positive, the disease was only present in mild form.

We have to admit that our investigations are too much localized to draw any definite conclusions. At the same time we believe that we are warranted in asserting that there is no justification for the very general accusation, against the Negro a year or two ago, to the effect that he was the host of the hookworm, and that himself, while not suffering to any great extent from the disease

was acting as a hookworm carrier, and dealing it out to his white neighbors. It is also gratifying to note the change of sentiment along this line as evinced by the following statements:

Dr. John A. Ferrell, the Assistant Secretary for eradication of the hookworm disease of the State Board of Health, North Carolina, states: "We find that where the infection among the whites is high, the infection among the Negroes is correspondingly high, but in no instance is the infection among the Negroes so frequently found as it is among the whites."

Dr. Olin West of Nashville, Tenn., Assistant Secretary for the eradication of hookworm disease, Tennessee State Board of Health, says: "We have not been able to ascertain the true facts in regard to the infection of the hookworm disease of the Negroes, notwithstanding we have made considerable effort to do so. The few examinations that have been made by our service would seem to indicate that the infection among the Negroes is not nearly so severe as might have been expected in the light of former teaching."

In the August Bulletin of the North Carolina Board of Health, Dr. C. F. Strosnider, district director of the hookworm campaign, tabulates the results of examinations of school children of the two races, taken at random in eight different counties of the state, in which out of the examination of 3,429 school children, 2,092 of which were whites and 1,337

Negroes, that 34 per cent. of the whites were infected against 15 per cent. of Negroes.

CONCLUSION

The committee calls attention to the fact that while in several of the states there are well organized movements against the disease, conducted by the whites, that in no state is there a Negro appointed to do this work. Uncinariasis is an unsanitary disease, and can only propagate by unsanitary practices. As important as it is to relieve the thousands in the South from the throes of a disease which is causing much suffering and economic loss, the greatest good is in the teaching of the right ways of living which goes hand in hand with, and is a part of, the hookworm propaganda.

By some means there should be at least one Secretary for the eradication of the hookworm disease among the Negroes of the South. By means of literature and travels, he could get among the rural population, and go into the remote districts, where we have not yet penetrated at all, and by and with, the aid of the physicians, churches, ministers, teachers, county officers and all, arouse, and teach the people the right way of living, for such teaching is not only calculated to eradicate the hookworm disease, but also Tuberculosis, Typhoid Fever, Dysentery, and other communicable diseases that especially thrive amidst unhygienic surroundings.

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"Modern Abdominal Surgery"

*By B. R. BLUITT, M. D.

In submitting this paper for discussion, I do not hope to offer anything new, but desire merely to present an outline of cases, operated upon, under difficulties, the outcome of which were successful; and to show to what extent, science has contributed to reduce the mortality in abdominal surgery.

Abdominal Surgery owes its beginning to Dr. Ephraim McDowell of Danville, Ky., who, in the year 1809, did the first ovariectomy by the abdominal route, with success, and without the use of an anesthetic. This operation was done by him 13 times resulting in 8 recoveries, and 5 failures. Quite an interval elapsed, before we heard of the operation being done again, for it was in 1831, when Dr. Nathan Smith of Pennsylvania, did the same operation. We find that from 1809 to 1850, only 36 abdominal sections had he performed, with 21 successes, and 15 failures.

Undoubtedly, says Simpson, one of the most important advances in major surgery, during the last century, was the introduction of anesthetics. During the last decade, one of the most important advances, has been the uniform and progressive tendency to reduce the quantity of anesthetic. This has resulted from a better understanding of the frequency, nature, and extent of the deleterious effects they cause. It

has been accomplished by the employment of skilled anesthetists, by the adoption of better methods of administration, and by such improvement of team work, in operative technic, as reduces the duration of the operation. After the introduction of chloroform and ether, and the discovery of asepsis, operations became more frequent, and the mortality was reduced to a minimum, until today, the surgeon opens the abdomen, with the assurance of obtaining results, which will prove satisfactory to himself, and reflects credit upon the profession.

In offering surgical relief in individual instances, we should be prepared (further says Simpson) to give the following reasonable and adequate assurance:

First, that the risk to life, as this particular operation is to be done, is not out of proportion to the gravity of the disease. What chiefly concerns a patient, undergoing operation, is the risk to which she is subjected by the given surgeon, with the facilities at his command, and not the death-rate, from this particular operation, as done by the masters of surgery. In surgery, as in every other sphere of human endeavor, the element of personal equation, largely determines the results:—one operator will habitually have a low mortality, another will achieve an occasional

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brilliant result, while the work of still another, will always be mediocre. The patient who submits to an operation, stakes her life on the ability of the operator to command proper facilities and to do consistently high-grade work.

Second, that if the patient recovers from the operation, there should be no essential reason, why she should not have the desired relief, *i. e.*, that the patient should not be subjected to the risk of a grave operation, if she cannot be cured of the disease, as in the case of advanced cancer. It will be unwise, also, to remove a uterus for fibroid tumor, if co-incident and grave cardiac, pulmonary, or renal disease, would almost certainly cause permanent invalidism, and if the depression, incident to the operation, might easily prove fatal.

Third, that the conditions under which the operation is to be done, should be such, that no other combination of circumstances could offer less risk to life, or a greater degree of security against post-operative complications.

Fourth, that in removing one type of pathology, we may be able to avoid substituting another type which might readily entail greater discomfort and danger than that removed. A patient who exchanges a retroverted uterus for an incisional hernia, or serious intestinal adhesions, can scarcely be said to have profited by the exchange. Such unfortunate results will undoubtedly, be encountered occasionally by the most careful, skillful, earnest and success-

ful surgeon. If such occurrences are rare, it may be wise for a patient to take the slight risk, but if they occur with marked regularity, the risk under such conditions, is manifestly out of proportion to the benefit which may be reasonably expected.

Fifth, that no less onerous kind of treatment could effect the desired result in a more satisfactory way, *i. e.*, resorting to palliative measures in cases of salpingitis, pelvic peritonitis, etc.

Sixth, that the benefit to be derived from operation should reasonably be expected to compensate the patient fully for the risk of life, discomfort, loss of time, inconvenience, degree and duration of disability and the cost of operation, and still leave a decided balance of benefit to the patient's credit. Just in proportion as a surgeon is accurate in these estimates, will his judgment be good, his counsel wise, and his results satisfactory.

CITATION OF CASES 1, 2, 3 AND 4

Case 1. Extra-Uterine Pregnancy—An Ectopic gestation occurs when the fertilized ovum is arrested at any point between the Graafian follicle and the uterine cavity, *and there undergoes development.* The case now under discussion, and to which this paper refers, occurred in the left fallopian tube and about $\frac{1}{2}$ inch from the ovary. I was called to see the patient within 24 hours after the rupture occurred. Prior to my coming, the patient had fortunately secured the service of a brother

physician, who had made a correct diagnosis and administered stimulants until patient was partially over the shock. Notwithstanding the very excellent care which the patient had received, I found upon my arrival, the shock very pronounced. The patient had a temperature of 101, pulse of 130, very feeble, and at times almost imperceptible, and a respiration of 34. I advised that she be immediately removed to the sanitarium, and given the one chance for her life (an operation). This was done, but upon reaching the sanitarium, it was found that in spite of extreme care and caution, used in moving, the patient was so weak and exhausted, due to the effort made, that it was decided to defer the operation a few days. During the interval, I advised the continuation of stimulants (strychnine, adrenalin, and normal salt sol.) as the pulse at this stage, was extremely rapid, feeble, and could scarcely be counted. On the 3rd day, she had sufficiently rallied to warrant operation. After the usual preparatory treatment, extreme care being used, the operation was begun, ether being the only anesthetic used, and no time being spared to get her off the table as soon as possible. The incision was made in median line, and when the peritoneum was reached, the blood could be plainly discerned beneath it, and when opened I found many large clots. Lifting the uterus up with the tenaculum forceps, I found the contents of the fetal sac in left side, as large as a walnut, and surrounded by bands of

lymph and blood clots. Immediately on removal of the contents of the fetal sac, a very serious hemorrhage occurred. This was controlled by ligatures, and I amputated left tube, and removed entire left appendage; including tube, ovary and broad ligament. Cleansed only with normal salt sol. I closed the abdomen without drain.

The following data will show results: Patient was discharged four weeks later, and menstruated only once, after leaving the sanitarium, before she became pregnant. Ten months later, I delivered her of an eight-pound girl, without the use of instruments or the administration of a dose of medicine. Mother and child are doing well, and the mother shows no symptoms of her former trouble.

Case 2.—Gun shot wounds of abdomen, causing 8 perforations of the intestines.

Patient, Miss E. General history, bad as to habits: was a hard drinker, of depraved character, and lived in a low atmosphere. Shot with a 38 calibre revolver at 11:30 p. m. Entered sanitarium on following morning, after traveling a distance of 60 miles by rail. One ball entered cavity $2\frac{1}{2}$ inches to left of spinal column, passed directly through, and was extracted about $2\frac{1}{2}$ inches to the left of median line, above the umbilicus, having made four perforations of omentum and mesentery. Abdomen filled with fecal matter. Hemorrhage very profuse. Ball No., 2 entered abdominal cavity, near umbilicus, passed downward and outward, making its

exit in or near superior crest of the ilium, also perforating descending colon. This ball caused four perforations. In places, the perforations were so close together that it was thought a resection might be necessary, but owing to the extreme shock and the length of the operation, I was advised by the anesthetist and the physician in charge, to hurry the patient off the table, fearing collapse. Pulse at this stage, was 140, feeble and rapidly growing weaker. I used fine silk as suture, and closed peritoneal coat carefully over each opening. Cleansed cavity with Bichloride of Mercury sol. followed up with Normal Salt sol. Wound cleansed and drained. After six weeks stay in the sanitarium, patient made an excellent and uneventful recovery.

The interesting features of this particular case are, first, patient's habits and mode of living.

Second, length of time which elapsed before operative interference.

Third, distance patient had to travel, in order to reach sanitarium.

Fourth, fact, that at the time of accident, intestines were filled with food, and such obnoxious fluids as beer and whiskey. A strange feature of the case, is that in spite of existing conditions, no peritonitis of a general character was set up.

Prognosis:—The mortality of gunshot wounds of the intestines is variously placed at from 80 per cent. to 90 per cent. As the question of intestinal perforations in all cases conservatively treated which recover will forever remain uncertain be-

cause of the want of positive signs of perforation, the true percentage of recoveries after such an injury cannot be estimated. Proof seems to be accumulating that penetration without perforation occurs in perhaps a greater number of cases than we now estimate, 3 per cent.; but there is no proof offered that perforating intestinal wounds, no matter how small the bullet, how empty the alimentary canal, can be regarded in any other than the gravest possible light.

Case 3.—Dermoid Cyst of Right Broad Ligament and Right Ovary.

Patient gives a history of numerous mis-carriages: last one of which occurred about three years prior to this operation. Patient had been in poor health for twelve months: gave a history of lues, and at time of entrance was greatly emaciated. On examination, a large mass was found in pelvis and region of both ovaries and tubes. The usual three days preparatory treatment was resorted to, but as patient was in a condition of extreme weakness, she was greatly stimulated during the interval. The morning of the third day, the operation was begun, ether being the only anesthetic used. On opening the abdomen, I found the uterus in fairly normal condition: the left ovary and broad ligament filled with pus. The right ovary was large, and a mass filled the broad ligament; the mass was freely movable, and I enucleated at once. After this, I proceeded to remove the uterus and left ovary. The right broad ligament contained a cyst, which upon

examination, was found to contain fat, as pultaceous grease in pill like masses, each pellet containing a hair. The fluid contents was of a characteristic greasy look, and of yellow color, strands of hair 12 inches in length, were found floating about in this fluid. Patient had localized peritonitis, which dermoid cysts are particularly prone to induce. The diagnosis in this case was very obscure, and little did I expect a dermoid, the chief difficulty being to distinguish this tumor from the ordinary ovarian tumor. The wound was closed, and a Mikulicz drain inserted. Patient was discharged from the sanitarium about four weeks later, having made an uneventful recovery. She is now in excellent health. As dermoid cysts occur but rarely, I will speak briefly of the histogenesis.

First, a dermoid cyst, says Douglass, is a mixed heterologous cyst of the ovary of congenital origin, the contents consisting chiefly of dermal elements, hence its name. While ectodermic deprivations predominate, tissues from all three layers of the blastoderm may be found. No period of life is exempt from their occurrence. Olshausen refers to three instances in premature infants and to several cases in childhood, and an ovarian dermoid, has been found in a woman eighty-four years of age. their relative frequency to other ovarian tumors, is placed at from 3 per cent. to 24 per cent. by various authors. Unless combined with proliferating cysts, dermoids are usually unilocular and single, yet Wilms

describes a case in which there were 5 dermoids present. Dermoid cysts of this region, do not always take their origin from the ovary. They may be found in the broad ligament, as in the case I have just cited, the ovary taking no part in their formation. The most universally accepted theory of the histogenesis of dermoid cysts is that of Cohnheim, which ascribes the origin of these tumors to the nipping off or inclusion of a portion of the ectodermal layer in the early growth of the embryo. These mis-placed skin-elements, stimulated by ovarian congestion, take on atypical growth.

Case 4.—Myomectomy: Patient presents a good family history. Married three years, and had never been pregnant. Suffered with intense pain in abdomen constantly, and was frequently compelled to keep bed during menstrual period: the flow was always very profuse. On careful examination, several large growths were felt in region of uterus, all freely movable.

Diagnosis—“Multilocular Fibroid of uterus.” Nurse instructed to begin usual pre-operative treatment, which was begun and ended on third day. Upon its completion, operation was begun, lasting about 45 minutes. The incision was made in median line; peritoneum opened, uterus revealed eight tumors, a few of which were pedunculated. My first thought was, to do a Hystero-Myomectomy or Pan-Hystero-Myomectomy, but as patient and patient’s husband had made request, that if possible, we save the uterus,

in order that she might have the chance of becoming a mother, I proceeded to do a Myomectomy by enucleating all growths and closing wounds carefully. There were eight large growths, and numerous smaller ones, all of which we removed. From the beginning of the anesthetic until the patient was returned to the ward, occupied but one hour and fifteen minutes. Patient was discharged four weeks later, and within nine months from the time she had returned to her home, gave birth to a nine-pound boy. The delivery was per forcep, but no laceration occurred, and she made an un-eventful recovery. Both mother and the child, which is now six months old, are doing well and in splendid health.

In conclusion, I would say, that much depends on the proper organization of one's group of nurses. A group of intelligent—earnest, systematic, diligent nurses, who take a deep personal interest in promoting the comfort, security and welfare of each patient, contributes much to the efficiency of the surgeon's work, says Simpson.

On the other hand, I will say here, that a nurse who does not possess the "Aseptic" conscience, who has not the interest of the case (as well as the patient) at heart, can undo the most careful work of the most brilliant surgeon.

To sum up them, an accurate knowledge of the nature, extent and trend of the disease: the exact determination of the patient's reserve strength; the judicious adaptation of

time, and type of operation to individual needs: a group of competent co-workers, a minimum amount of anesthetic, rigid aseptic technic, and speed with precision, constitute the most important factors in the prophylaxis of post-operative morbidity, and in the reduction of mortality.

DISCUSSION

Dr. Hunter of Kentucky opened discussion as follows:

"Gentlemen: When the essayist was speaking of Dr. Ephraim McDowell who did the first abdominal operation, I was very much interested by reason of the fact that it has been my privilege to do an abdominal section on a lady of our race, who now lives in the very same house in which the immortal McDowell did his section. My patient got well and still lives in the house made famous by ovariectomy. The place is Danville, Kentucky.

"In speaking of modern abdominal surgery we must not forget the fact that all modern abdominal surgery began with the birth of the new pathology or pathological findings. The old surgeons knew anatomy just as well as it is understood by the very best men of today, but not knowing the real cause of failures when the abdomen was opened, that is, infection, they taught and believed as well, that the abdominal cavity and its viscera were dangerous places and should never be touched—too dangerous. But when the causes of their failures were made known and thereby corrected, then the birth of our almost perfect surgery of today.

"In late years, after having done some work in this line, I am inclined to think more of the importance of making as clearly as possible a diagnosis in cases that come under my observation, for without a reasonable degree of certainty as to a diagnosis, there is no intelligent treatment offered to the sufferer. As to technic, it will not be necessary at this time to attempt that, for most all operators who are doing work—and good work too—have certain technic peculiar to their own likings—and that based upon rational and sane principles.

"The essayist spoke of hemorrhage caused by extra-uterine pregnancy and his line of treatment to overcome the shock until the proper time for operation, etc. In cases of shock from hemorrhage, I think one should be very careful about stimulating and giving the normal salt solution—lest he be adding to the trouble instead of warding it off. So we must try to get an idea of the condition of the blood vessels. If the vessels are patulous, then normal salt would do much harm, in that it would raise the blood pressure or the arterial pressure and only aid in pumping out what little blood that remained in the unfortunate. In case there was active bleeding at the time of shock, I would use the best means to lessen the tension of the vessels, morphia usually serves well for this purpose.

"Drugs are of very little use following abdominal sections—is my experience, and therefore I seldom give them. I believe to a certain

extent, that the die is cast when the patient leaves the operating table. All I attempt to do after operating on a patient is to treat the patient as indicated. If the patient is suffering, I try to make him comfortable—even to the extent of giving hypodermics of morphia; if thirsty, give water, etc.

"We must congratulate the doctor on the fact that he is getting what the patients and all operators want—good results."

Dr. A. M. Curtis of Washington, D. C., said :

"I listened with a great deal of interest to the gentleman's paper, and as we have only a few minutes for discussion, I simply want to make some comments and to congratulate him for so much time he evidently spent in the preparation of such a paper. Dr. Hunter took up one phase of the subject, upon which I also wish to touch, and that is the use of so much strychnine. In this same connection, I want to make mention of his use of the bi-chloride solution. From my own experience I do not believe that either of these drugs, as used today, by many surgeons, is of much service. I really think it is reprehensible to use a bi-chloride solution in flushing out an abdominal cavity; yet I notice that the doctor speaks of such usage in one of his cases cited. I think the patient must have had either remarkable resistance or drug immunity not to have suffered bi-chloride poisoning or intoxication.

"The doctor, in speaking of his

first case, one of ectopic gestation, stated that in opening the abdomen, he found a ruptured ectopic sac and that after removing the contents of the sac, a free hemorrhage began. It appears to me that after opening the abdomen and finding the condition he described, before attempting to remove the product of conception, he should have clamped off his utero-ovarian circle, thus preventing a free hemorrhage, or at any rate, limiting the amount which he stated followed his procedure. I would like for the doctor to tell me why he used so much KI in all of his cases. It was noticeable that in all the cases he reported, KI was used in large doses, and he seemed to lay particular stress on the value of this medicine.

"One of the cases cited was that of the dermoid cyst of the broad ligament. The doctor evidently had a dermoid cyst of the ovary. He appeared to be surprised at finding a dermoid cyst in this region in such an old person. I can see no reason for such surprise, for if we study the etiology of such conditions we must conclude that they are inclusions of the ecto-derm some time during foetal life. Consequently, we might find such misplaced skin elements at any period of life, of course, varying in degrees of development.

"I would like also for the doctor to tell me how so many doctors can get so many deliveries with forceps without having any laceration. I have been operating in hospitals for many years and have observed the work of some pretty good obstetric

operators, and I have not seen any of them able to use forceps in primiparae without some form of laceration. By the way, I noticed, while the doctor spoke at length concerning the headaches which followed some of his cases and which appeared to have disturbed him, that he gives no explanation concerning them and makes no comment as to the causes. These headaches were evidently the so-called 'anaemic headaches,' which follow where there have been considerable loss of blood, particularly in such cases as ruptured ectopic pregnancy. As soon as the blood elements approach their normal condition the headaches disappear. Before concluding, I would like to comment upon a statement that the doctor made in his paper. He said that some very good surgeons would have a high mortality rate, while other surgeons, who did not have such reputation, would have a low mortality. What he wishes us to conclude from such a statement, I am not in a position to state, but he evidently desires us to take into account chance in operative work. While there might be an element of luck in surgery, to my mind, a man who combines surgical judgment, logical asepsis, and dexterous technique will have the largest success in the practice of surgery."

Dr. C. V. Roman, of Tennessee, said: "I wish to say for the essayist that he is maintaining a sanitarium there and that he, together with two other doctors (Dr. R. T. Hamilton and Dr. F. A. Bryan) is doing

successful surgery. I am not interested particularly in the technic of abdominal work, but know that patients taken to the sanitarium do get well. Of course I know of many a one that he did not report. I wish to say to Dr. Curtis that I have done that thing myself and I could show you how to do it—use forceps without laceration."

Dr. B. R. Bluit closes the discussion: "One gentleman wanted to know why we gave KI. We give it for the same reason that Dr. Dumas gave it in his paper a while ago, for lues. You will find a good many of your race use KI. We give the doctor's KI. The next question with reference to the dermoid cyst, I

would say that we had pus on the same side where we found the dermoid cyst. We had a combination of conditions of that side. With reference to the hemorrhage, the cavity was filled with blood. I removed some of the clots to find out where I was going to get blood and let them spurt first. I got it and then ligatured it. I have practised medicine only twenty four years, and it has been my experience that when it is indicated, I give drugs and we get fairly good results. If strychnine is indicated, I give strychnine; do not care whether the patient is surgical or medical. I do not use as much strychnine as we used to use."

Simple Living

The simple life, as it is seen from a medical point of view, is discussed by C. A. Penrose, Baltimore (*Journal A. M. A.* June 3), who says that the characteristic of our present civilization, in which it differs from all others, is its complexity, and to find the happy medium between mental and physical culture and stress will be the problem of the coming medical man. The duty of the physician today, he says, does not end with the simple cure of a malady; he must go deeper into the question than that requires. The complex conditions that exist have a tendency not only to overwork the mind, but to cripple or impair the bodily development, and he predicts that, in the future, the physician who is not up on physical exercises will fail. The first important thing is for the physician to get a correct ideal of the normal man or woman, and to be able to recognize every deviation from it. He should watch for such in his

patients and correct the aberrations. The author's experience has proved to him that the development of the muscle sense is the real problem of physical culture, and he points out the ways in which it can be cultivated. The boy scout idea, with its drills and exercises, he thinks, is an excellent one for the training of the young.

Inflamed Joints

The *American Journal of Clinical Medicine* gives the following mixture for this affection:

Acidi Salycici, dr. iij
Tinct. Opii, dr. jss
Ol. Terebinthinae dr. j
Ol. Caryophilli, oz iij
Alcoholis, q.s. oz. xij

Rub on the affected parts every two or three hours. Chloroform may be substituted for the oil of cloves if desired.

Observation: Use and Abuse of Salvarsan

*By U. G. MASON, M. D.

BIRMINGHAM, ALA.

Please do not count me among the hysterical ones who believe that Salvarsan is the panacea for all ills. While I believe in many of the good virtues claimed for it, I do not believe all of the reports concerning it which have appeared from time to time in Medical Journals. Since the invention or discovery of Dr. Ehrlich's Salvarsan, or Dioxydiomidoarsenobenzol, the world has heard more of syphilis, its different forms, and more almost miraculous cures of this foul disease than ever before.

I most liberally subscribe to the opinion held by some of the most eminent Syphilologists, that to prove all of the virtues claimed for it, and fully to demonstrate the effectiveness and permanency of it in the medical world, Salvarsan must have been in use many more years than at present can be claimed for it.

It would be calamitous for the medical world to have "brain-storm" over the alleged miracles which have been wrought by the introduction of Salvarsan. According to evidence, there are no facts at hand which show that it prevents hereditary syphilis or that it prevents the return of the spirochaete.

Dr. Leiven, upon making an investigation of relapses in the city of Berlin, the stronghold of the advocates of Salvarsan, has found thirty

to forty per cent. of the cases taking the treatment relapse. That is to say, upon making post examination of the blood; the spirochaete was present and very much alive.

My observation in the use of Ehrlich-Hata Dioxydiomidoarsenobenzol is limited, and I therefore fear that what I might have to say will not be read with as much enthusiasm as if it came from one who has had hospital experience in an hundred or more cases. However, I shall attempt to state in a brief way a few facts in regard to my observation on the use and abuse of Salvarsan.

Case A.—The first case upon which I used Dr. Ehrlich's new remedy was upon an old case of Tertiary Syphilis of many years standing, including an exostosis of the tibia. The patient was a very young man whom I happened to know quite well and who has been holding a very important position with one of the local railroads in Birmingham, which necessitated his being upon his feet most of the work hours. For the last three years he has not been able to work more than about two-thirds of the time, for the reason that his legs gave him considerable pain night and day; and at night he had but little or no sleep for the most part because of the intense pain and swelling. Though

*Read before General Session N. M. A., Hampton Meeting, August, 1911.

he sought relief in the use of "dope," night and day, often taking as much as a grain of morphine at a time, he found no rest. He was treated by a number of physicians in this city at various times, including myself, and was advised to use the Hot Springs treatment. This he did on several occasions, only to get temporary relief. About ten months ago he came to my office suffering with the usual intense pain and asked that I split the leg open and scrape the bone. He seemed to have an idea that this method would give immediate relief. A skiagraph was made of the tibia, which showed considerable enlargement near the middle and spinous process of the bone. I immediately insisted that he continue the heavy doses of the iodides of mercury and advised that he return to Hot Springs and take the mercury baths in connection with the other Hot Springs treatment, continuing however with the heavy doses of iodides of mercury as a sheet anchor. This he did, but returned a few months later, apparently, with an increased amount of suffering. A few weeks following his return, finding himself in as bad or worse condition than before his trip to the Springs, he decided to try another physician and have his leg operated upon. After the operation, and while the patient was in the hospital, with absolute rest, he felt better; but as soon as the limb healed and he began to walk around he found himself with the same intense pain which heavy doses of codine, morphine and chloral, given to him by his doctor, did not relieve.

Again the patient fell into my hands, shortly after I had been reading the literature of the immortal remedy, Ehrlich's Salvarsan. I immediately told him about the new treatment and that I would secure an Ampoule for his use. He readily agreed to accept the treatment at whatever cost and sacrifice, and seemed delighted with the prospect of getting well. This was in January, 1911, and a few days later, after my conversation with him, the Salvarsan came and the treatment was given. There were no after effects, immediately following the operation, other than a slight acceleration of the pulse, the excitement lasting less than thirty minutes. He slept well without a narcotic; no swelling; appetite good; returned to work in ten days from time treatment was first given.

In this case the Wasserman test was made before and after the treatment which showed a positive and a negative, proving conclusively that the spirochaete was destroyed or arrested for the time being in their effort to destroy the system.

Case A: Relapse.—Six months later patient began suffering again. This time, an intravenous injection was given which caused all symptoms to disappear in about ten hours. The patient is again at work.

Case B.—Patient came to me apparently suffering from tuberculosis. Upon an examination I found him suffering as a result of Syphilitic Chancre, several in number and bubo in each groin, very weak and anemic, painful on micturition. Salvarsan

given intramuscularly, patient felt better next morning; ulcers dry on second day; appetite considerably improved. The pain in the bubo ceased with rapid resolutions which was lanced on the fourth day. In eight days the patient, who had not worked before in six months, was able to return to work. There are no recurrent symptoms as yet, though treatment was given four months ago.

Case C.—A young man twenty years old, a sailor by trade (U. S. Navy), suffering from two ulcers of an acute nature, three weeks standing. Injection of "606" given; four days later patient apparently well.

Case C: Recurrent. — Six weeks later a return of ulcers, but of a harder and a more indurated nature; second injection given; rapid recovery; have not seen any signs of return; has been two months since last treatment. The patient is now working every day.

I could recall several instances of patients with similar history, but time and space will not permit.

My experience is limited to thirty-one cases which have been directly under my observation, and in each case the point of selection for the injection was the gluteal region, intramuscularly, and in a majority of the cases the use of the lanolin and olive oil formed the basis of the menstrum for the Salvarsan. In the minority, the Johns Hopkins Method was used. In all of my cases the noticeable features were in the rapid disappearance of the Chancre or the Syphilitic ulcer, with an increase of

appetite and a general improvement in the physical condition each day until the patient was apparently well.

Lanolin and Olive Oil.—Sloughing occurred in two of the cases in which olive oil was used. There was not the slightest temperature, no out-of-the-normal symptoms other than a feeling of restlessness the first night following the treatment. The cases in which sloughing set in, there was temperature beginning forty-eight hours after the treatment, with considerable headache and pain in limbs. After the sloughing appeared there was no temperature, pain ceased, the parts of muscles affected by the trauma of the injection were promptly extirpated and the wound subsequently treated the same as in the case of an ordinary injury, usually healing very fast. Enough lanolin is used to make an emulsion not too thick to pass through an extra size needle.

Johns Hopkins Method. — About ten C. C. of the sterile hot water is put into a glass mortar and to this is added a little of Salvarsan at the time, constantly stirring it with a pestle until it is thoroughly dissolved. We now have a clear, greenish-yellow solution, acid in reaction. From a burette or a pipette we now add a normal solution, sodium hydrate in sterile water, drop by drop, constantly stirring until a precipitate in the form of a gelatinous mass is formed. By continuing to add the sodium hydrate solution the precipitate will slowly disappear and a clear solution will again be formed. Now

sufficient water is added to make about twenty C. C. The Salvarsan is ready for use.

The Wasserman test used in only three cases showed an absolute positive before the treatment and a negative after. The results were so phenomenal in most of the cases until it was not deemed necessary to use the Wasserman test, besides the extra expense to which the patient would be put, and for which they were not in most cases able to pay.

I advise the free use of the iodides of mercury in connection with the Ehrlich treatment. Where it is practical and where the physician has the convenience, intravenous injection is to be preferred. It gives the most acute as well as distressing symptoms by sudden effect of Salvarsan upon the Spirochaete and the introduction of a foreign body in the circulation. I have used Salvarsan in Pellagra but have obtained no material benefit therefrom. Have given it in Lupus Vulgaris and have got good results so far, although it has been only 90 days since it was first used upon the patient. In this case the entire portion of the gluteal muscle sloughed in which the "606" was originally injected. The lupus patches on the face turned dark and the highly red discoloration ceased with the acute itching sensation which the patient had formerly experienced, disappeared.

I have no authority for giving Salvarsan in Lupus Vulgaris and have not read anything on the subject. I cannot say whether the temporary relief of the patient is of a permanent nature, nor can I say that the effect of the arsenic on the tubercular bacillus is at all deleterious to them;

but there is one thing certain: the patient was benefited.

The strictest precaution should be observed in the preparation of the patient and administration of the Salvarsan.

Instruments Used for the Administration of "606."—In all my cases the Boston Veterinary, all metallic, with slip joint needles, are most satisfactory for intramuscular injections. Many devices are used for intravenous work.

Contraindication.—Dr. K. Martius reports on eighteen deaths following the use of Salvarsan, with reference to the influence upon disease of the heart vessels, and he found only *seventeen* that could be attributed to the detrimental influence of the the drug upon the heart or vessels. In five of the cases the post-mortem examination showed luetic aortitis, Coronary Sclerosis and Myo-Carditis. In four of the cases there were absent clinical objective signs of lesion, and therefore came to the conclusion that luetic aortitis, Coronary Sclerosis and Myo-Carditis formed an absolute contraindication. While the use of Salvarsan in Anjina Pectoris without the disease of the heart muscles were benefited through the use of Salvarsan.

(Reference—Munchener medizinische Wochenschrift, of May 16th.)

I have tried extensively the iodides of Mercury and Atoxyl and have recently begun to use cacodylate of sodium, and must confess that all of the above-named remedies come in for a most liberal share of commendation; but nothing yet which I have tried acts so readily to destroy or arrest for a time the spirochaete as does Salvarsan.

Auto-Intoxication

*By MARY E. BRITTON, M. D.

LEXINGTON, KY.

Auto-intoxication, self-poisoning, which is now being so generally discussed, is by no means a new subject; but the recognition of its frequent occurrence, due to more scientific methods of diagnosis than formerly, makes it appear new.

SYMPTOMS

The presence of putrefactive processes in the alimentary canal, constantly flooding the body with morbid toxins, is a condition not at all uncommon, and is one, which will, in all probability, prove disastrous to the patient, if not taken note of in time by the attending physician.

Putrid stools, and not infrequently a coated tongue, foul smelling perspiration, and a foul breath are positive indications of self-poisoning.

In the putrefactive processes carried on by disturbed metabolism, there is often a production of more or less offensive gases, which cause the diagnostic symptoms, flatulence and belching of wind. Much pain is experienced by the presence of these gases in the stomach or bowels, or both at the same time; but the absence of flatulence does not by any means prove the absence of fermentation and putrefaction. Many a physician can bear positive testimony to the fact that some of the worst and most distressing forms of putrefaction in the alimentary

canal are not accompanied by any perceptible presence of gases.

Some of the every-day observable symptoms of auto-intoxication, with which every physician meets in his daily practice, are: headache, backache, pains in the limbs, dizziness, loss of appetite, coated tongue, foul breath, boils, billious attacks, drowsiness, and a feeling of languor, amounting sometimes to general inactivity and even to stupor.

Physicians, who have had frequent opportunities for experiment and investigation, tell us that auto-intoxication is a causative factor in many diseases, some of which are: chronic rheumatism, neurasthenia, Bright's disease, eczema, appendicitis, gall stones, gout, dropsy, billiousness, rickets, diabetes, pernicious anaemia, intestinal catarrh, and arteriosclerosis. It is now claimed that a vitiated blood stream, resulting from the absorption of highly toxic impurities produced most frequently from the putrefaction of flesh foods, is a predisposing cause of cancer.

NEURASTHENIA, ETC.

The significance of auto-intoxication as an etiological factor in neurasthenia, as well as in other functional nervous disorders, is receiving a large share of attention by the progressive physician who is seeking to alleviate avoidable suffering and to restore to health his patient "quickly, safely, and pleasantly."

*Read before Hampton Meeting of N. M. A., 1911

Neurasthenia is often spoken of as an incurable disease. The physician, who so regards it, relegates the neurasthenic to the class of incurables that much search for relief wherever it can be found, become addicted to the drug habit, or suffer the unending tortures inflicted by the distressing symptoms experienced in this abnormal state of the body. But neurasthenia is not classed as a disease at all. To the contrary, it is defined as the name for a group of symptoms resulting from some functional disorder of the nervous system with severe depression of the vital forces. It is usually due to prolonged and excessive expenditure of energy, and is marked by tendency to fatigue, lack of energy, pain in the back, loss of memory, insomnia, constipation and its kindred accompaniment, loss of appetite.

In 1902 the senior class of the American Medical Missionary College, of which I was a member, used "Oliver's Translation of Auto-intoxication by Bouchard" as a text book in connection with other works on therapeutics. Bouchard emphasizes the fact that auto-intoxication is an important etiological agent in neurasthenia, by which emphasis I was deeply impressed. Forewarned is forearmed; so, when I left the school and was put upon my own initiative in the treatment of chronic rheumatism and neurasthenia, I kept in mind the impressions made by Bouchard's diagnosis. And, as my practice is confined largely to chronic conditions, I am

following the combined treatment of massage and hydrotherapy, and am, therefore, making a record at home for restoring to health invalids, many of whom had been pronounced incurable by some of the best medical advisers.

PUBLIC EDUCATION ON MEDICAL LINES

The evil effects of self-poisoning and its influence upon longevity is the subject of daily discussion in both the lay and the medical press, so that an intelligent reading public is now aroused and stirred up to seeking remedies whereby to escape the baneful processes of self-inflicted poisons.

Along the line of public education, there was organized two years ago at Chautauqua, New York, a Health and Efficiency League, of which Mr. Horace Fletcher, the apostle of dietetic righteousness, was elected president. Dr. J. H. Kellogg, of the Battle Creek Sanitarium, Mr. S. S. McClure, editor of McClure's Magazine, and Prof. Irving Fisher are influential members of the League and members of the staff. The medium of communication to the public is through "Good Health," magazine published at Battle Creek Michigan.

While Mr Roosevelt was collecting information on the saving of forests for the American people, he included in his conservation work a study of national health, and placed the work mainly in the hands of Prof. Irving Fisher, of Yale University. In making his official report, Prof. Fisher showed that more than a

half million lives are lost in this country every year, most of them from preventable causes; while there are always at any given time about three million people sick, for longer or shorter periods, most of them from diseases that science has proved to be avoidable.

CAUSES OF AUTO-INTOXICATION

When a sufferer sends for a physician, that physician is looked upon to be able to locate the cause of the trouble and to render relief. Sometimes the physician can neither find the cause of the trouble nor render relief; but no one can deny the fact that the report of Prof. Fisher for mortality from *preventable* causes is alarming, and places a heavy responsibility upon every honest, conscientious physician.

In seeking a cause for this lamentable state of affairs, Prof. Chittenden, of Yale University, engaged in the same work as Prof. Fisher, has made a special study of the quantity of nitrogenous food required by the average man or woman, and has come to the conclusion that the amount ordinarily taken by most persons is altogether out of proportion to the requirements of the body, and that the surplus, urea, uric acid, and other nitrogenous waste products make for ill health and finally fatal diseases.

At the last session of the National Medical Association Dr. H. C. Scurlock, professor of chemistry in Howard University, Washington, D. C., gave a talk on his laboratory experiments termed, "Ana and Katabolic Nitrogen," in which he stated that

a number of toxic products of metabolism have actually been isolated, and their mode of origin in the organism and their pathological effect determined.

I expected to see a copy of that paper published in the journal of this Association, so as to be able to make an analytical study of it, previous to writing my paper. But, after inquiry, Dr. Kenney, our efficient Secretary, informed me that he had not been furnished with the manuscript; therefore, in its absence, he was not able to give the readers of the Journal the benefit of the paper. Consequently I was prevented from making a study of it, before writing my paper.

That the toxic condition under consideration is the perplexing question with which the general practitioner has to deal in his daily practice, is evident from the agreeable acceptance of the paper rendered by Dr. Scurlock. The only adverse question raised was in regard to treatment.

TREATMENT AND PROPHYLAXIS

Dr. A. M. Curtis, present presiding officer of this Association, and a surgeon of renown, spoke out at the close of Dr. Scurlock's paper, saying: "You have discovered the toxic substance, but you have failed to find a serum to neutralize the poison; you have no antidote." But my answer *then* was, and *now* is: "In the absence of a serum, the only safe course to pursue is not to become poisoned." Prophylaxis, or prevention, is the all-absorbing theme of the day. The American Medical

Association has wisely taken the matter of prophylaxis under advisement, and has added to its many departments a department for the study of preventive medicine.

The Pasteur treatment offers an antidote for hydrophobia, and extends hope to a person who has been exposed to a liability of taking the disease. This is good, excellent, a great achievement in the world of medicine; but it must be conceded that it is far better and infinitely, more rational to keep out of the reach of rabid animals than it is to risk effecting a cure by the use of an antidote; for serums do not always cure.

Education of the masses against the spread of the disease is the only sure means of reducing the mortality of the race from tubercular infection. As in tuberculosis, so in like manner in auto-intoxication, educating the people in regard to the cause and prevention and self-poisoning is the only safeguard to the race.

By our making the deduction from the propositions of Prof. Chittenden and Dr. Scurlock, we discover that the chief source of poison in the system arises from the end products of the decomposition of proteids. Therefore, dietary, in consequence, plays an important role in the subject of prevention from auto-intoxication. Hence, to lessen the liability to self-poisoning, our daily ration must be restricted to a small percentage of proteids.

In the selection of our foods, we must choose that which leaves the

least waste, and thereby decrease the influences to fermentation and putrefaction.

Sir Lauder Brunton, an English authority on dietetics, says that only food of the same kind should be put into the stomach at each meal, and by that means cause no delay from the different digestibility of the different kinds of food. By this routine the whole contents of the stomach became comminuted and digested and passed on into the intestines about the same time.

The history of Mr. Horace Fletcher proves that the care in mastication not only insures perfect digestion, but also regulates the wholesome selection of food as well. By following this dietetic caution, appetite becomes normal, and a normal appetite is a safeguard to the kind and amount of food required, and the time for eating it. The neglect of thorough mastication gives rise to intestinal auto-intoxication. As an example of low proteid diet and the elimination of flesh foods, Mr. Horace Fletcher is recorded as doubling in feats the records made by professional athletes of high proteid training. This was done in spite of his age and the fact that he had never trained for the feats in which the tests were made.

As a result of the experiments of Prof. Chittenden, it has been positively demonstrated that the body may be maintained not only at nitrogenous equilibrium, but also in perfect physical condition and distinctly improved physical efficiency on a diet containing somewhat less

than half of the protein content provided in the dietary of Voit and Atwater.

Those engaged in the study of dietetics agree that a low proteid diet is imperative, but just how to reach the results is not agreed upon. As meat is the one article of diet that provides the largest quantity of nitrogenous substance, therefore some say reduce the quantity and quality of flesh foods. As opposed to this, and in favor of eliminating flesh foods wholly from the dietary, Bouchard claims that he has proved by experiment that the fecal matters of a man living upon a mixed diet has double the toxicity of those of a man from whose diet flesh foods of all sorts were excluded.

Dr. J. H. Kellogg claims that the changes set up in the residues of flesh foods are of an extremely dangerous character. Pointing out the difference in virulence of the germs, he cites the difference in character between the feces of carnivorous and those of herbivorous animals. He claims, too, that his laboratory experiments in certain cases of flesh eaters showed a thousand fold more bacteria and of a more dangerous character than the bacteria cultivated from the feces of a healthy person subsisting habitually upon a non-flesh diet.

In conformity with Dr. Kellogg's regime, proteids are supplied through cereals, legumes, and nuts.

Prof. Metchnikoff of the Pasteur Institute at Paris, in the process of his investigations, found that the people of Bulgaria were long lived,

and that the chief article of diet there is buttermilk. He found also that the ferments which make the buttermilk are very active in combating putrefaction in the colon. He says that putrefactive processes are without doubt the immediate cause of those degenerative changes which constitute senility and which terminate in arterio sclerosis. Dr. Osler, in his practice of medicine, expresses the same idea in quoting the maxim, "a man is only as old as his arteries." Experiments were made by Prof. Chittenden, resulting in discoveries that fitted in with the theories of Metchnikoff. Therefore buttermilk is now quite generally used as a preventive of auto-intoxication and the conditions that mark the appearance of old age.

Most chronic maladies are due to germ poisons, and the door of access to the system is through lowered vital resistance of the body. Therefore whatever interferes with the normal functions of the organs and tissues of the body is harmful, and opens the portals for disease.

Dr. Harvey W. Wiley, chief chemist of the Department of Agriculture, Washington, D. C., pure food specialist, says that the indiscriminate sale and consumption of drugs every day does as much as bad food to undermine the health. He too says that age is not a matter of years, but of the limpidity of protoplasm. The person who uses tobacco or alcohol in any form limits the years of his life and greatly impairs his opportunity for usefulness.

Dr. Wiley is to be applauded for

his aggressive warfare in the interest of humanity, and all right-thinking, public-spirited people, are pleased at the failure of those who combined against him and sought to have him removed from the place where he is accomplishing so much for the public good.

Dr. J. H. Kellogg of the Battle Creek Sanitarium and his colleagues have undergone harsh criticism for the past thirty years or more, because of the attitude pursued by them relative to health reform principles. And now that these same principles are being endorsed and advocated by the great leaders and investigators in public economy, there must be awakened in the hearts of the Battle Creek humanitarians a large degree of pleasure and satisfaction. Pleasure, because in carrying out these principles they were conscious of observing health-giving laws that would bring sure returns; and gratified because after the lapse of many years men who scorned these same principles are being brought to a confession of their error before the world.

RECAPITULATION

This whole subject is summed up as follows: modern medical research has shown that most chronic diseases are due to absorption of intestinal poisons from the abdominal contents, the source of which is consumption of too large quantities of proteids, not properly taken care of by the economy of digestion, the residue being acted upon by germs. In fact, scientists in foreign countries and in America have proved that most dis-

eases that flesh is heir to are caused more or less directly by this auto-intoxication, and that senile changes also are due to it.

The treatment, therefore, consists in cutting off the source of supply of the poison through regulating the diet and improving the powers of the digestive functions. Nature has instituted certain laws to be regarded for the maintenance of health and prevention of disease.

TRANSGRESSION OF NATURE'S LAWS

Sickness was not the purpose of God, for He made man perfect, and provided a dietary, which if observed, would continue to preserve the human family in a state of perfect health. Adam and Eve, the first of the human family, disregarded Nature's laws, and thereby became subject to disease, and imparted the same to their progeny.

Obedience is a matter of choice, and we have recorded in the Word of God, that Jesus, the Son of God, was a perfect example of obedience to the law of God. He was an example of what God designed all humanity to be through obedience to Him. Jesus came in contact with all manner of diseases, and yet He did not fall a victim to any of them. He is an example of what man can and should be.

A disregard of Nature's laws, largely through a perverted appetite, brought sickness into the world; therefore health can be restored and maintained only by returning to first principles, and regarding the "thou shalt and thou shalt not."

In order to preserve health, temperance in all things is necessary—temperance in labor, as well as temperance in eating and in drinking. Physical exercise should be combined with mental exertion, so as to keep up a quickened circulation and good heart action. Tepid, cool, and cold baths, and cold sponging are also useful in increasing the oxidation processes of the body. Warm and hot baths, on the other hand, improve the eliminative actions of the body, and help to get rid of waste matter, due to disturbed metabolism, that may have been absorbed from the intestinal tract. The baths, combined with copious water drinking assist materially in purifying the blood.

Nature has given ample provision to guard against auto-intoxication and the many diseases arising therefrom, and it is the duty of each one of us to study out these preventatives and employ them in our practice. Therefore, my parting admonition is: let us follow the safest course in the matter of preventing auto-intoxication, viz., by eating sufficient wholesome food and masticating it thoroughly; by observing the laws of cleanliness in the use of water internally and externally; and eternally; by keeping pure air circulating in our living apartments and breathing it deep and full; by frequently exposing ourselves and our homes to the sunlight, the great germ destroyer,

and by the employment of exercise and rest as may be necessary.

Although these are not the only precautions necessary in the treatment of auto-intoxication, yet they are some of the prerequisites to the maintenance of good health, and certainly worthy of commendation.

Therefore, by thus living in accordance with Nature's requirements, our lives will be prolonged, as God intended that they should be; and, though years may be ours, yet we shall be accounted young and happy.

DISCUSSION

Dr. Simeon L. Carson discussing the paper said:

"Neurasthenia is a word which covers a multitude of sins. In most cases if we look, we can find an underlying cause. A great many cases of so-called Neurasthenia are caused by a phimosis, adenoid, enlarged turbinates, or some form of eye strain, especially astigmatism, I have in mind now a case of a young girl who had visited at least fifteen physicians, most of whom diagnosed her case Neurasthenia; she finally came to Dr. A. M. Curtis who sought a cause, and found an adherent clitoris, the correction of which condition brought about a cure.

"I only wish to emphasize the importance of looking for some focus of irritation in those patients who present the many symptoms we account for in the term neurasthenia."

Comments on The Journal

Permit me to congratulate you, Dr. Roman, and the whole Editorial Staff of the Journal, on the high standard of the April-June issue. I have just received my number today and am reading with great interest the article by Dr. Roman on Self-Adjustment, and the one by Dr. J. A. Kenney on the Health Problem of the Negroes. These two articles are worth twice the price of a year's subscription. I consider it the best ever issued by you.

With kindest regards, I remain,

Yours cordially,

(Signed) A. W. Williams.

After several months absence in Florida, I returned home last evening, and although tired, and in my eighty-second year, I make it my first duty this morning to send you the enclosed. (Yearly subscription to the Journal—Editor.)

Sincerely yours,

(Signed) H. R. Storer.

Former Vice-president, American Medical Association, Former President Association of American Medical Journals, Senior Consulting Surgeon, Newport Hospital.

Dr. John A. Kenney,

My dear friend:

I have just received the Journal. Am still very much pleased with it. Have read with interest the case which you reported on stone in the bladder.

Your friend,

(Signed) Spurgeon Sparks.

Dear Doctor:

We heartily commend the last issue of the Journal, and eagerly await the next. No organization in this country can boast of a better one.

Very truly,

(Signed) D. Grant Scott, M. D.

I have just received the last number of our excellent and constantly improving Journal, and enclosed you will find draft for \$3.00 which pays for membership in the N. M. A. for the ensuing year, and for the Journal.

Dr. E. A. Carter,

Buxton, Iowa.

Dear Doctor:

Words are inadequate to express the pleasure and pride I take in reading and talking about the Journal of the National Medical Association. Its success causes this saying to mean more to me than ever before: "I will not follow where the path may lead, but I will go where there is no path, and leave a trail."

Success to you. Hurrah for the Journal.

Fraternally yours,

(Signed) A. W. Springs,

Dewmaine, Ill.

I think the Medical Journal is the greatest piece of current literature that the race is putting out.

Robert E. Jones, Editor,
Southwestern Christian Advocate.

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THIS cut represents the official emblem of our organization. It is made in rolled plate quality hard enameled with blue back-ground and costs seventy-five cents and one dollar. Each member is requested to purchase one. It may be procured from the General Secretary on receipt of price.

Medical Terminology

WORDS are signs of ideas, and the accuracy of one's thinking may be determined by the definiteness of his language. The uncertainties of MEDICINE are nowhere more glaringly portrayed than in the nosological vocabulary of the average practitioner. The various meanings given grippe, rheumatism, change of life, neurasthenia, teething, neuralgia, malaria, et id genus omne, would comprehend the whole of pathology. This looseness of terminology vitiates vital statistics. It is well enough to satisfy the patient's curiosity by telling him he has neuralgia, but the physician who really thinks he has made a diagnosis is certainly not waging with modern weapons the warfare against disease. We must know what is true before we can do what is right. Latitudinous terminology and shot-gun therapeutics go hand-in-hand. The more discriminatingly circumscribed become our nosological terms the more accurate and effective will be our therapeutics.

Health Examinations

THE efforts of the Equitable Life Assurance Society of the United States to popularize preventive medicine deserve encouragement. The proposition for Health Examinations should meet the enthusiastic approval of intelligent physicians. An engineer that never examined his engine until it broke down would not be considered reasonably intelligent on that subject: yet, that is what the average individual does with his body.

Incompatibility

A PHASE of drug incompatibility seldom noticed by the therapist but of considerable importance to the relation between external and internal applications. Two illustrations will do. Dermatitis might result from the external application of hydrogen dioxide while taking potassium iodide, internally; or permanent discoloration of the skin might result from the external application of mercuric salt to a patient who had been taking sulphur for some time. There would be a deposit of mercuric sulphide in the skin.

A Useful Invention

A MICROSCOPE for two is one of those practical applications of common sense to every-day action that excites wonder in every mind that some one did not do it before. A teacher and pupil can look at the same object at the same time. It is a French invention that is destined to spread to other countries.

How History is Made

ONE of the leading dailies of Tennessee contained under glaring headlines the announcement that the Chief Health Officer of Richmond, Virginia, has reached the astounding conclusion that the Negro race in America will become extinct in a hundred years. I at once wrote to the health officer of Richmond and asked him to please send me the publication

containing these conclusions and the data upon which they were founded. The following reply is self-explanatory:

Richmond, Virginia, August 7, 1911.

Dr. C. V. Roman,
National Medical Association,
1303 Church Street,
Nashville, Tenn.

Dear Doctor:

Replying to your favor of the 3rd inst., the Associated Press dispatch to which you refer was evidently taken from an interview with a reporter of one of our local newspapers. The figures given in the dispatch are, of course, absurd. I have never written anything on this subject outside of what has appeared in my annual reports. I am sending you the last one of these, under separate cover.

Very truly yours,

E. C. Levy,
Chief Health Officer.

SPORADIC cases of typhoid fever are to be found in many places in the Southern States at this time. The Managing Editor is just returned from a trip, during which he touched several points in Texas, and found a few cases in a great many of the small towns. Recent reports are to the effect that there were several cases in Selma and Ensley, Ala., also a few have sprung up in Macon County.

Our physicians everywhere are urged to pay strict attention to hygiene and the principles of sanitation, and thus help to eradicate this disease.

The Hampton Meeting of the National Medical Association

VIEWED from whatever angle, the Hampton meeting of the National Medical Association stands out as the best and most successful meeting that the Association has held. The attendance was good, and not only the attendance at Hampton, but the actual attendance upon the general sessions and sectional meetings. The papers read, as a whole, were of a higher order, and showed more advanced study and research in the preparation than ever before.

The interest in the sessions never flagged from the fall of the gavel

at the opening day, till the close of the sessions. For the first time in the history of the National Medical Association real sectional work was done. A program was prepared with that in view, and the President and Chairmen of the various sections were asked to lend their support, in order that this feature might prove a success. No one could attend these meetings without being impressed that the men and women present were imbued with a purpose, and that purpose was nothing less than a determination for professional proficiency.

The first session was held on Tuesday morning, August 22nd, in the large assembly hall where routine business was transacted, and the address of the President read to a full and appreciative audience. It was then announced that during the afternoon the different sections would meet in their respective places, and it is encouraging to state that at the appointed time there were about 30 present in the surgical section, where routine business was transacted; and an excellent paper on Extra-Uterine Pregnancy was read by Dr. A. W. Dumas of Natchez, Miss., and thoroughly discussed with great benefit by surgeons in attendance.

At this same time the Medical Section was in session, with a registration of 120 members. The Dentists and Pharmacist were also holding there respective meetings with good attendance. This arrangement continued with the necessary modifications throughout three days' sessions of the convention.

The program was full, and was executed to a number.

The consensus of opinion by all present is, that this sectional diversion proved satisfactorily successful; and it is to be continued hereafter.

Hampton proved to be an excellent place for the holding of the meeting; and a great many there were who wished that the invitation might be again extended in the near future to return.

It is quite evident that the National Medical Association is growing from year to year, that its influence is spreading, and that much good is being done to the Physicians, Dentists, and Pharmacists, by stimulating them to better and more effective work, also great good is emanating from this organization which reaches the people in the communities to which its members go.

SKETCHES FROM LIFE

"A tale should be judicious, clear, succinct;
The language plain, and incidents well linked;
Te'll not as new, what everybody knows,
And, new or old, still hasten to a close;
There, centering in a focus round and neat,
Let all your rays of information meet."

Grim but true

The funny man on the editorial staff of the weekly Bulletin of the Chicago Department of Health puts it thusly: "Consumption comes with a hack and a cough, and goes with a coffin and a hack."—The Lancet-Clinic.

From the many curious and fanciful remedies for curing corns the one described by James Whitcomb Riley will be most appreciated:

"Prune your corn in the gray of the morn

With a blade that has shaved the dead,
And barefoot go and hide it so
The rain will rust it red;
Dip your foot in the rust and put
A print of it on the floor;
And stew the fat of a brindle cat,
And say this o'er and o'er:

Corny, morny, blady, dead,
Gory, sorey, rusty red,
Footsy, putsy, floory stew,
Fatsy, catsy, mew, mew.
Come grease my corn
In the gray of the morn,
Mew, mew, mew."

Following Indications

A missionary to Turkey tells of a native doctor who had a case of typhus fever. The patient, while in a state of delirium, drank from a pail of pickled cabbage juice and recovered. As a consequence, the doctor was led to believe that cabbage juice was a sovereign remedy, so he made entry in his journal that "Mohammed

Aghra, upholsterer, was cured by drinking pickled cabbage juice." His next case was compelled to take the same kind of solution, but the patient died and the doctor recorded in his journal, that "while pickled cabbage juice is a sure cure for typhus, it is not to be given, however, unless the patient is an upholsterer."

Here is a "crackerjack" for whooping cough: Take a slice of bread and cut it in two equal pieces; butter one and place on it a lock of hair from the head of the afflicted child; with the other half slice make a bread and hair sandwich; give this to the first strange dog that chances to pass the house, and the cough may be expected to disappear with the dog, so it is advocated by some Dutch mothers.

It is not so much

What you think, as what you say.
What you earn, as what you save.
What you say, as how you say it.
What you want, as what you need.
What you believe, as what you do.
What you give, as how you give it.
What you work, as how it is done.
What you possess, as how you use it.
What you learn, as what you remember.—Exchange.

Different things that Mary had

Mary had a little lamb,
Likewise an oyster stew,
Salad, cake, a piece of pie
And a bottle of pale brew—
Then a few hours later
She had a doctor, too.

—Chicago News.

N. M. A. COMMUNICATIONS

GET READY FOR THE 14TH ANNUAL MEETING OF
THE NATIONAL MEDICAL ASSOCIATION
TUSKEGEE INSTITUTE, ALABAMA
AUGUST, 1912

The Thirteenth Annual Session of the National Medical Association Convened in Hampton, Virginia, August 22-25, 1911, in the Academic Building of the Hampton Institute
Hampton, Virginia, August 22, 1911.

TUESDAY MORNING SESSION

The Thirteenth Annual Session of the National Medical Association was called to order on the above date at Hampton, Va., in the Assembly Room of the Academic Building of the Hampton Institute, at 10:45 a. m.

Dr. A. M. Curtis of Washington, D. C., President of the Association, presented Dr. W. P. Dickerson, of Newport News, Va., Chairman of the Local Committee.

Opening hymn: "Leaning on the Everlasting Arm," led by Rev. C. R. Patterson, and invocation by Rev. N. W. Brown, both of Hampton, Va.

Introductory remarks by Dr. W. P. Dickerson, followed by the presentation of the President of the National Medical Association, Dr. A. M. Curtis.

ANNUAL ADDRESS BY DR. A. M. CURTIS

Before reading his address, Dr. Curtis declared the Thirteenth Annual Meeting of the National Medical Association now in session.

Registration of members.

Reading of the minutes of the last meeting of the 12th Annual Session of the National Medical Association. Motion made and seconded that the minutes be adopted as read. (Carried.)

Dr. W. P. Dickerson stated that it is customary to refer the President's address to the Executive Committee.

Motion made and seconded that the President's address be referred to the Executive Committee. (Carried.)

The Chair called for any unfinished or new business. The ratifi-

cation of the recommendations of the Executive Board were called for. Dr. Willis E. Sterrs of Decatur, Ala., Secretary of the Executive Board, stated that the Executive Board had not been able to meet before the opening of this morning's meeting and wished to defer the reading of the recommendations until after they had met.

Dr. J. A. Kenney of Tuskegee Institute, Ala., stated that they had been before the house and voted upon, and adopted with the exception of the one referring to the election of officers of the National Medical Association, which ought to be the first order of business upon the program.

Dr. G. W. Cabaniss of Washington, D. C., stated that the recommendations were the property of the Association and the Secretary should report them.

The recommendations were read. Dr. J. J. France of Portsmouth, Va., moved that the recommendations be adopted by sections. Motion lost; the General Secretary, Dr. J. A. Kenney, rising to a point of order, stating that none of these recommendations, save one, referred to the Constitution of the National Medical Association, and that this body had already adopted the others; and according to the Constitution, this recommendation could not be adopted until one year after its recommendation, hence it was the only one to be considered.

The Chair stated that that recommendation would be voted upon at this meeting.

Motion made and seconded that the report of the General Secretary, Dr. J. A. Kenney, and that of the Secretary of the Executive Board, Dr. Willis E. Sterrs, be adopted. (Carried.)

The Chair further stated that since the registration was not completed, action on this recommendation would be taken later in the morning.

Dr. W. F. Penn of Atlanta, Ga., offered a substitute motion that the adoption of the recommendation be laid upon the table until the registration was completed and the National Medical Association properly organized. Motion seconded by Dr. G. W. Cabaniss. Motion lost.

Dr. E. M. Boyle, of Washington, D. C., asked for information about the registration fee. The President explained that the fee had been raised from \$2.50 to \$3.00 including the Journal.

Dr. J. C. Robinson asked if it were not unconstitutional to raise the fee from \$2.50 to \$3.00. The Chair stated that the minutes were read showing that all of these recommendations with the exception of the one referring to the election of officers of the National Medical Association had been ratified, and referred him to Article 10 of the Constitution of the National Medical Association in reference to assessment upon each member.

Dr. G. W. Cabaniss called for the regular order of business.

The President stated that they would proceed with the program and take up the matter of recom-

mendation for the election of officers at the close of the morning's meeting.

Dr. J. J. France of Portsmouth, Va., moved that a recess of half an hour be taken to enable all the members to register. Motion lost.

Dr. Harry J. Williams of Washington, D. C., moved that the registrar, Dr. J. R. Levy, of Florence, S. C., take his table out into the hall, so as to not interrupt the proceedings. Motion lost.

As Dr. Anna R. Cooper of Chicago, Ill., was not present, the paper on "*The Elimination of Tuberculosis from City and State, and How it May Be Done*," was not read.

In the absence of Dr. Marcus F. Wheatland, of Newport, R. I., the report of the Commission on Tuberculosis was not made.

At this juncture, the President introduced Major Moten, Commandant of Hampton Institute, who made some pleasing remarks. (See elsewhere.)

The President asked if any members of the Tuberculosis Commission were present. There were none present. Dr. G. W. Cabaniss asked the Chair if he meant to pass by the report of T. B. C. Commission for the entire Session. The Chair stated that if there were no members present, it was not up to this body to discuss the report.

Telegrams and letters were read by the President and Secretary.

The Chair appointed the following Committees:

Committee on Credentials—Dr. W. A. Warfield, Dr. J. B. Stubbs, Dr. John B. Hall.

Committee on Resolutions—Dr. H. Stanley McCard, Dr. J. J. France, Dr. T. H. Slater.

Committee on Time and Place—Dr. A. M. Brown, Dr. E. P. Roberts, Dr. A. W. Dumas, Dr. D. A. Ferguson and Dr. B. R. Bluitt.

Dr. H. F. Gamble, of West Virginia, called attention to the fact that no report was made by the Secretary of the Committee on Resolutions last year. The General Secretary stated that the Association was so "intoxicated" with the election of President that the report did not reach him.

The Chair stated that at this session there will be Sectional Meetings; although an innovation, still we are growing and we must have these Sectional Meetings; explaining that for every ten financial members of each section, they were entitled to one delegate to the House of Delegates; that each Section must elect its delegates to send to this House of Delegates and that the Chairman of the Sections be prepared with a roll of their respective Sections; that the secretaries keep a record of the meetings and make a report to the General Secretary of the National Medical Association; that as the members register, they signify with what Section they want to be identified. This afternoon at 2:00 o'clock the different Sections will hold their respective meetings, and we shall carry out these Sectional Meetings if we only have five people present.

Dr. G. E. Cannon of Jersey City, N. J., stated that he thought we had enough registered to act on this recommendation.

At this juncture, the Chair called upon the ex-Registrar of the Treasury, Dr. W. T. Vernon, of Washington, D. C., for a few remarks. (See remarks.)

The Chair stated, "We are now almost fully registered and we will have the Secretary of the Executive Board read that portion of the recommendations that refers to the election of officers of the National Medical Association."

The recommendation was read by Dr. Sterrs. On motion by Dr. J. J. France, the recommendation was adopted. (See recommendation in minutes of Secretary of Executive Board, 1910.)

Announcement by the Chair of the meeting of the Surgical, Medical, Dental and Pharmaceutical Sections.

On motion, the session adjourned at 12:45 to meet at 2:00 p. m.

TUESDAY EVENING SESSION

The Tuesday evening session of the National Medical Association was held at the First Baptist Church of Hampton, Va. The local Chairman, Dr. Dickerson, called the meeting to order at 8:40. The meeting was largely attended, and the following program rendered:

Invocation was made by Rev. Weaver of Hampton, Va. The Chairman introduced Dr. W. E. Atkins of Hampton, Va., who in turn presented Mayor Thornton F. Jones, of Hampton, who welcomed the Association on behalf of the citizens of Hampton, and surrounding points.

Dr. J. E. Mills of Norfolk, Va.,

welcomed the Association on behalf of the Tidewater Association.

Music by the Enterprise Quartette of Hampton.

Address of Welcome on behalf of the Business Men's League by Rev. Graham of Phoebus, Va.

Response to address of welcome by Dr. H. S. McCard of Baltimore, Md.

Music by the mixed quartette of Hampton.

Response to address of welcome by Dr. J. B. Hall of Boston, Mass.

Music by the Enterprise Quartette of Hampton.

Meeting adjourned at 10:00 p. m.

WEDNESDAY MORNING SESSION

The National Medical Association was called to order at 10:40 o'clock.

Invocation was made by Rev. E. H. Hamilton, of Hampton.

Reading of minutes of the Tuesday morning session.

Dr. A. V. Gray of Washington, D. C., called attention to the fact that the Pharmacists and Dentists have been overlooked in the appointment of all the important committees save one. The President said that it was an omission and it would be corrected.

Dr. A. V. Gray objected to the amount of extraneous matter recorded in the minutes. The objection was sustained and the President stated that hereafter the General Secretary would edit the minutes taken by the stenographer before they were presented on the floor.

The General Secretary asked that

an Assistant Secretary be appointed who is a physician. Dr. Coleman of Washington, D. C., was asked to assist the Secretary temporarily.

On motion the minutes were adopted with necessary corrections.

Announcement of Lawn Fete.

Report of delegates from constituent associations. (See report.)

Pharmaceutical paper: "*Thorough Preparation Essential to Success in Pharmacy*," William H. Barlow, Phar. D., Newport News, Va.

Discussion: Drs. A. V. Gray, L. H. Singleton, J. P. H. Coleman, Washington, D. C. Discussion closed by Dr. Barlow.

Report of the Journal by Dr. C. V. Roman of Nashville, Tenn.

On motion, the report was received.

Adjournment at 1 o'clock p. m. to convene again at 2 o'clock p. m.

WEDNESDAY AFTERNOON SESSION

Called to order at 2:30 p. m., the President, Dr. A. M. Curtis in the chair.

Invocation by Dr. Lee of Norfolk, Va.

Minutes of the morning session called for, but as they were not ready they were omitted.

Paper: "*A Brief Comparative Study of the Negro*"—Edward Mayfield Boyle, M. D., Washington, D. C.

Discussion: Drs. J. J. France of Virginia; Willis E. Sterrs of Alabama; L. B. Palmer, Georgia; W. H. Higgins, Rhode Island; W. F. Penn of Georgia, and E. P. Roberts of New York City. Dr. Boyle closed the discussion.

Announcement of the meeting of

the Medical and Surgical Sections at the close of the present session was made.

The President vacated the chair in favor of the Vice-President, Dr. Wm. Slowe, after introducing Dr. Charles F. Meserve, President of Shaw University, who made an interesting address. (See elsewhere.)

The acting President called on those who had not registered to do so.

Paper: Oration on Medicine; Subject,—"*Ocular Complications of Certain Constitutional Diseases*"—M. O. Dumas, M. D., Washington, D. C. No discussion.

Paper: "*Modern Abdominal Surgery*" B. R. Bluitt, M. D., Dallas, Texas. Discussion: Drs. John E. Hunter, Kentucky; A. M. Curtis, District of Columbia; J. J. France, Virginia, and C. V. Roman, Tennessee. Discussion closed by Dr. B. R. Bluitt.

The President advised all members to register and asked the Chairman of the Sections to see that all had registered before voting for members of the House of Delegates.

Dr. J. A. Kenney, General Secretary, said that as we had passed over the point arranged in the program for business during the morning session, that he had two matters for which he asked the indulgence of the Association for a few minutes. This was granted. He then read a letter from the Alabama Medical, Dental and Pharmaceutical Association signed by President and Secretary, inviting the National Medical Association to hold its Fourteenth Annual

Session at the Tuskegee Institute. The invitation from Dr. Kenney and the Alabama Medical, Dental and Pharmaceutical Association was backed by an invitation from Dr. Booker T. Washington, also a dozen letters from physicians in different parts of the state. After the reading, on motion by the reader properly seconded, it was referred to the Committee on Time and Place.

Dr. Kenney then read Section 3 of Chapter 6 of the Constitution and By-Laws of the National Medical Association, concerning the election of officers and stated that since we had put into effect the election of officers by the House of Delegates instead of from the floor, that there would be more time during the afternoon session of Thursday and since by some mistake Dr. E. P. Roberts of New York, had been prevented from reading his paper at the Tuesday evening session, as arranged by the Program Committee that Dr. Roberts should be permitted to read his paper at the Thursday afternoon session immediately after convening.

On motion, properly seconded, this was granted.

The Secretary then read notice by Major Moten concerning the lawn fete.

By common consent the meeting adjourned in order to permit the Medical and Surgical Sections to meet immediately after the close of this session for the election of their delegates. Adjournment.

THURSDAY MORNING SESSION

Call to order at 10:00 by the President, Dr. Curtis.

Invocation by Dr. E. H. Hunter of Norfolk, Va.

Reading of minutes of Wednesday morning and afternoon sessions. Dr. Boyle asked whether or not Dr. Meserve's remarks were taken. The Chair informed him that they would appear in the November issue of the Journal.

On motion the minutes were adopted with necessary corrections.

Dr. G. W. Cabaniss asked whether there would be some time given to discussion of the report of the Journal. The Chair informed him that that matter would come up later with other business matters.

The Secretary stated that the pharmacists so far had not reported their members of House of Delegates as required.

The report of the Commission on Pellagra by A. M. Townsend, M. D., Chairman, was read by Dr. C. V. Roman.

On motion by Dr. Cabaniss the Commission was continued and the report turned over to the General Secretary.

Paper: "*Malaria Fever*"—A. H. Brown, M. D., Newport, Ark. Discussed by Drs. A. W. Dumas of Mississippi; C. H. Shepard, North Carolina; J. H. Bugg, Virginia, A. M. Brown, Alabama; E. H. Allen, Washington, D. C.; G. W. Cardwell, Elizabeth City, N. C.; and Edward M. Boyle of Washington, D. C. At this juncture Dr. Mitchell of Washington, rose to a point of order, stating that the speakers were not confining themselves to the context of the paper. The Chair said the point was well taken

and requested the speakers as far as possible to confine their remarks to the paper in hand. The discussion was continued by Dr. G. E. Cannon of New Jersey, and O. B. H. Bowser of Virginia. Discussion closed by Dr. A. H. Brown.

Report of the Commission for the Study of Hookworm—J. A. Kenney, M. D., Tuskegee Institute, Ala. On motion of Dr. Kenney, the rules were suspended and only forty minutes allowed for the reading of the papers and their discussion.

As there was no discussion of the paper, the Chair stated that it would be in keeping with the sense of this report that some authority be given the Commission to have some member of the National Medical Association appointed as one of the Secretaries on the General Hookworm Commission chiefly in the South.

Motion Made by Dr. Coleman of Raleigh, N. C., and properly seconded that the Commission be empowered to take this matter up with the proper authority with the view of getting a member of the National Medical Association appointed as one of the Secretaries to the General Hookworm Commission. Carried.

Dr. Cabaniss asked if the time had expired for the said Commission to end its investigations? Being informed that it had, Dr. Cabaniss made a motion which was properly seconded, that this Commission be continued. Carried.

Paper: "*Auto-Intoxication*"—Mary E. Britton, M. D., Lexington, Ky. Discussed by Dr. E. J. Wheatley of Maryland. Dr. Britton closed the discussion by finishing her paper.

Paper: "*Neurasthenia, Its Etiology, Diagnosis and Treatment*"—J. A. Robinson, M. D., Darlington, South Carolina. Discussed by Drs. W. H. Higgins of Rhode Island and Simeon Carson of Washington, D. C. Dr. Robinson closed the discussion.

Paper: "*Physical Diagnosis in Pulmonary Diseases*"—E. W. Lomax, M. D., Bluefield, W. Va. Discussion by Dr. W. H. Higgins.

The Chair announced that he would entertain any matters of business now which might be brought before this assembly. Hearing none, the Chair made a further announcement that the Association would meet promptly at 2 o'clock, at which time Dr. E. P. Roberts' paper would be read. Adjournment at 1 p. m.

THURSDAY AFTERNOON SESSION

Call to order at 2:30 o'clock by the President, Dr. A. M. Curtis.

Invocation by Rev. Dr. Morris of Norfolk, Va.

Paper: "*Infantile Gastro-Enteritis*"—E. P. Roberts, M. D., New York City, N. Y. No discussion.

The Chair stated that it was unfortunate that such an excellent paper had not been read at the public meeting on Tuesday night.

Dr. Arthur Gray of Washington, D. C., read the report of the Committee on Resolutions. On motion the same was adopted.

The General Secretary announced that he had just received a letter on the subject of the Hookworm Disease, which he asked the indulgence of the Association to read it and encouch it in his report on the Hookworm Disease. The request was unanimously granted.

Dr. W. A. Warfield of Washington, D. C., read report of the Committee on Credentials. On motion the report was adopted.

Dr. A. M. Brown of Alabama, made report of the Committee on Time and Place, Tuskegee Institute, being the place selected for the next annual meeting of the National Medical Association. Motion made by Dr. Cabaniss and properly seconded that the report be adopted. (Carried.)

Dr. Bugg moved that Dr. J. A. Kenney, constitute a committee of one to look after railroad rates for the next annual meeting, which was seconded and carried.

Dr. H. J. Williams of Washington, D. C., moved that the Sections be enumerated; seconded and carried.

Report of Executive Board by Dr. W. E. Sterrs. After a correction by Dr. France, the report was adopted as read.

Reading of Communications. Having received Dr. Marcus Wheatland's partial report on Tuberculosis, Dr. Kenney moved that his report be accepted by title with privilege of publication in the Journal; seconded and carried.

The Commissions on Medical Education and Medical Legislation were discussed for some length; the President stating the difference between Medical Legislation and Medical Education. The Commission on Medical Education appealed for funds to carry on its work successfully.

The Chair called for the report of

of the House of Delegates. Announcement of officers elected by the House of Delegates was made by the General Secretary, which was as follows:

Dr. H. F. Gamble, of Charleston, W. Va., President; Dr. W. Cox, Cambridge, Mass., Vice-President; Dr. J. A. Kenney, Tuskegee Institute, Ala., General Secretary. After which the following officers were elected (adopted):

Dr. F. G. Elliott, Portsmouth, Va., Assistant Secretary; Dr. J. R. Levy, Treasurer, Florence, Ala.; Dr. H. S. Pope, Phar., Vice-President, Baltimore, Md.; Dr. Julia P. H. Coleman, Washington, D. C., Phar. Secretary.

On motion, the report of the House of Delegates was adopted.

The Chair presented Mr. I. Garland Penn of Atlanta, Ga., and Prof. Dudley of the A. and M. College of Greensboro, S. C., both of whom made short addresses.

Announcement by Dr. Atkins, of the banquet and reception.

Motion made and seconded that the reading of the minutes be suspended and the officers installed.

Officers were installed, a great ovation being extended to the new President, Dr. H. F. Gamble.

Final adjournment at 4:30 p. m.

MINUTES OF MEDICAL SECTION

Hampton, Va., August 22, 1911.

2 o'clock p. m.

The Medical Section was called to order by the Chairman, Dr. J. J. France, of Portsmouth, Va. Dr. A. A. Wyche, of Charlotte, North Carolina was named as Secretary.

The Chairman now announced the enrollment of members was now in order which was as follows:

ROLL CALL

By call of roll it was ascertained that the section was entitled to 10 delegates, as the section was composed of 102 members.

The Secretary announced that the Constitution provided that the delegates should be elected the second day of the Convention.

On motion of Dr. Drake that the regular order of program proceed, and to elect delegates as the Constitution provided.

Dr. Thomas Slater of Atlanta, Georgia, read a paper, subject, "Pelagra," a very excellent paper. There being another paper on the same subject, by Dr. G. Jarvis Bowens of Norfolk, Va., he was asked to read his, and both were discussed at the same time.

The discussion was opened by Dr. T. A. Walker of Louisiana, who proceeded to read the third paper. It was objected to by Dr. George Cannon of Jersey City, and Dr. Thomas Slater of Georgia, which objection was sustained by the Chairman, and Dr. Walker was asked to make his own remarks, and not read from the Journal, which he did.

Dr. C. H. Shepard of Durham, North Carolina, next spoke, and enumerated the most important symptoms of the disease, and said he had treated some 35 or 40 cases, but had never cured one, and in his opinion it could not be cured.

Dr. J. W. Jones of North Caro-

lina, Dr. Paey of Norfolk, Dr. Scott of Newport News, Dr. C. W. Birnie of Sumter, South Carolina, asked, a question, "how was it that if corn was the cause of the disease, that those had it who never used corn in any way?"

Dr. C. H. Shepard of Durham asked permission to answer it. He said, perhaps such persons ate fish, and the scales in fish would also cause the disease. (Laughter.) A lively discussion then took place by Drs. W. E. Reid of Portsmouth, T. A. Walker of Louisiana, G. A. Gerran of High Point, and Dr. Drake. Drs. Slater and Bowen then closed the discussion by saying they were glad the paper had brought out so many interesting remarks.

Dr. J. J. France of Portsmouth, Va., next read a paper, subject, "Acute Exudative Nephritis of Children." Dr. Reid of Portsmouth, Va., opened the discussion. He commended the paper in the highest terms. It was further discussed by Drs. Robinson of South Carolina, Hardy of West Virginia, Dumas of Mississippi, Bowen of Arkansas, Birnie of South Carolina, Bowen of Norfolk, Boyle of Washington. Dr. France then closed the discussion.

"Aseptic Obstetrics" was the subject of a paper read by Dr. J. S. Massey of Monroe. Discussion opened by Dr. J. R. Levy of South Carolina, followed by Dr. Scott of Newport News, Dr. Hargrave of Wilson, and Dr. Ashburn of Virginia. Having finished the program,

we then adjourned to meet at the call of the Chairman.

J. J. FRANCE, Chairman.

A. A. WYCHE, Secretary.

Hampton, Va., August 23, 1911.

The Medical Section met. House called to order by Chairman, who announced that the business of this meeting is to elect a member of the Executive Board and delegate to the House of Delegates.

On motion of Dr. W. G. Alexander of Orange, Dr. G. E. Cannon of Jersey City, was nominated to succeed himself as a member of the Board. Dr. J. R. Levy of Florence, South Carolina, nominated Dr. J. A. Robinson of Darlington, South Carolina.

On motion the nomination was closed, and ballot taken, which resulted in the election of Dr. J. A. Robinson of Darlington, South Carolina.

On motion of Dr. W. G. Alexander of Orange, Dr. George E. Cannon of Jersey City was recommended to the Board for appointment as a member at large.

The Chairman then announced that the house would now proceed to the election of delegates to the House of Delegates, that the Medical Section entitled to 10 delegates.

On motion of Dr. W. G. Alexander of Orange, that not more than 15 would be placed in nomination, and that the 10 receiving the highest number of votes would be the duly elected delegates.

The following were placed in nomination:

Dr. M. O. Dumas, Washington, D. C. 55.

Dr. A. A. Wyche, Charlotte, N. C. 37.

Dr. F. S. Hargrave, Wilson, N. C. 48.

Dr. P. A. Scott, Newport News, Va. 45.

Dr. Mayfield Boyle, Washington, D. C. 19.

Dr. E. P. Roberts, New York City 47.

Dr. J. J. France, Portsmouth, Va. 23.

Dr. W. G. Alexander, Orange, New Jersey 39.

Dr. Mary E. Britton, Lexington, Kentucky 22.

Dr. W. H. Higgins, Providence, Rhode Island 43.

Dr. C. W. Birnie, Sumter, South Carolina 38.

Dr. T. A. Walker, Baton Rouge, La. 46.

Dr. J. E. Mills, Norfolk, Va. 40.

Dr. J. R. Levy, Florence, South Carolina 41.

Dr. W. E. Atkins, Hampton, Va. 43.

Vote taken as follows:

The following were duly declared elected having received the largest number votes:

Dr. M. O. Dumas, Dr. F. S. Hargrave, Dr. E. P. Roberts, Dr. T. A. Walker, Dr. W. E. Atkins, Dr. J. R. Levy, Dr. J. E. Mills, Dr. W. H. Higgins, Dr. P. A. Scott, Dr. G. W. Alexander.

There being no further business, the meeting then adjourned.

J. J. FRANCE, Chairman.

A. A. WYCHE, Secretary.

Hampton, Va., August 24, 1911.

The Medical Section was called to order by Dr. J. R. Levy of Florence. Prayer offered by Dr. W. Jones, Winston-Salem, N. C.

Paper read by Dr. J. W. Jones, Winston-Salem; subject, "Past, Present and Future Therapeutics."

Discussion opened by Dr. C. H. Shepard of Durham, N. C., who commends the paper in the highest terms. Dr. Dumas of Mississippi spoke next. Dr. Mason of Birmingham, Ala., came in and the discussion was discontinued, and Dr. Mason read his paper, subject, "Salvarsan." The discussion was opened by Dr. Dumas of Mississippi. Dr. A. M. Curtis of Washington, D. C., commended the paper as being purely original, and he was glad to see men giving time to prepare good papers.

Dr. Dumas of Washington, D. C., also spoke. Drs. H. J. Wilson of Washington, D. C., Boyle of Washington, D. C., Gamble of West Va., C. V. Roman.

Dr. Mason then closed the discussion. The section then adjourned.

J. R. LEVY, Chairman.

A. A. WYCHE, Secretary.

LIST OF OFFICERS N. M. A.

President, H. F. Gamble, M. D., Charleston, West Va.

Vice-president, Wm. A. Cox, D. D. S., Cambridge, Mass.

General Secretary, J. A. Kenney, M. D., Tuskegee Institute, Ala.

Assistant Secretary, F. G. Elliott, M. D., Portsmouth, Va.

Treasurer, J. R. Levy, M. D., Florence, S. C.

Pharmaceutical Vice-president, H. S. Pope, Phar. D., Baltimore, Maryland.

Pharmaceutical Secretary, Mrs. J. P. H. Coleman, Phar. D., Washington, D. C.

Dental Secretary, C. O. Lee, D. D. S., Winston-Salem, N. C.

MINUTES OF THE EXECUTIVE BOARD

The Executive Board met in the Academic Building of Hampton Institute, Hampton, Va. At roll call Dr. George E. Cannon, Dr. Willis E. Sterrs, Dr. J. W. Jones, and Dr. Amanda V. Gray were present. Absent, Dr. N. F. Mossell, Dr. Marshall, Dr. Van Horn, Dr. George C. Hall and Dr. Marcus F. Wheatland.

The report of the Treasurer was read and received with request that explanation be made of item "January 4, 1911, of Dr. J. A. Kenney for dues." The report showed a balance of \$26.52 August 21, 1911. (See report.)

In addition to the above report Secretary reports in his hand not turned over to the Treasurer \$17 25

Total balance - - - 43 77

Dr. John A. Kenney made the business report of Journal, showing receipts as follows:

Subscriptions and sales	- -	\$209 08
Advertisements	- - -	280 85
Subscriptions paid at session 1910	- - - -	104 00
Donations to Journal 1910	- - -	116 00

Total receipts	- - -	\$709 93
Disbursements	- - -	\$787 40

Overdraw	- - - -	\$ 77 47	\$77 47
Balance outstanding bills against Journal	- - - -	12 50	

Total Deficit of Journal	-	\$89 97
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(See report)

Dr. Willis E. Sterrs reported expense of office of Executive Secretary for year ending August 22, 1911, \$22.50. Above report approved and ordered paid.

August 24, 1911, at 11:50 a. m.

Executive Committee in session. Report coming up from Surgical Section shows election of Dr. A. M. Curtis on Executive Board to succeed Dr. George C. Hall whose term expired. Report coming up from Medical Section shows election of Dr. J. A. Robinson of Darlington, S. C., as a member of Board to succeed Dr. George E. Cannon whose term expired. Bill presented from Dr. R. C. Brown Secretary of Dental Section for expense of said office. Bill \$23.53. Motion prevailed that an appropriation of \$15.00 be made in settlement of said bill. Carried and allowed.

Dr. A. M. Curtis presented bill for \$10.00 as expense of the office of the President of N. M. A. for the year ending August 22, 1911. Bill \$10.00 allowed. Bill from New York Age \$5.60 left over from session, 1910, presented and allowed. Bill of Miss Jeanetta Carter for \$1.25 for stenographic work presented referred to Miss Curtis who was official stenographer. Dr. Kenney took the responsibility of above bill. Bill from Dr. A. S. Reid for \$2.50 reimbursements for dues twice paid; allowed. Bill from Dr. William Lofton for \$30.00 for services incurred as Dental Editor in the past. Referred to Dr. Lofton for itemization. Bill from Dr. C. V. Roman

for \$80.00 expenses incurred attending Boston and Hampton meetings, N. M. A., interest of Journal. Deferred for consideration.

August 24th, 3:30 p. m.

Board called to order. Present, Dr. Amanda V. Gray, Dr. A. M. Curtis, Dr. J. C. Robinson, Dr. Willis E. Sterrs and Dr. George E. Cannon, Secretary of Board acted as Chairman on account of expiration of term of Dr. George E. Cannon. Dr. George E. Cannon was unanimously elected by the Executive Board as a member of said board. Dr. George E. Cannon was unanimously elected Chairman of the Executive Board. Dr. Willis E. Sterrs unanimously elected Secretary of Executive Board. Dr. J. R. Levy was unanimously elected Treasurer of N. M. A. Bill for \$25.00 for Miss Curtis as official stenographer, allowed. Bill for \$25.00 of R. W. Thompson as official newspaper reporter allowed. Check from Dr. Kenney for \$17.25 turned over to Treasurer, Dr. J. R. Levy by Executive Secretary.

Adjourned.

EXECUTIVE BOARD

Dr. E. Cannon, Chairman.
Dr. Willis E. Sterrs, Secretary.
Dr. A. M. Curtis.
Dr. J. A. Robinson.
Dr. J. W. Jones.
Dr. Marcus Wheatland.
Dr. Amanda V. Gray.
Dr. Charles H. Marshall.
Dr. M. A. Van Horn.

P. S.—Item "January 4, 1911 to Dr. J. A. Kenney for dues," correct.

Hampton, Va., August 24, 1911.
Report of House of Delegates
composed of,

Dr. J. R. Levy,
Dr. F. S. Hargrave.
Dr. W. H. Higgins.
Dr. E. P. Roberts.
Dr. W. E. Atkins.
Dr. M. O. Dumas.
Dr. T. A. Walker.
Dr. W. G. Alexander.
Dr. J. Mills.
Dr. P. A. Scott.
Dr. U. G. Mason.
Dr. C. V. Roman.
Dr. W. C. McNeil.
Dr. C. H. Roberts.

Dr. D. A. Ferguson, alternate for
Dr. C. S. Wormley.

Dr. A. V. Gray, alternate for Dr.
L. H. Singleton.

Present to you the following-named officers as unanimously elected by this House for the ensuing year:

President, H. F. Gamble,
Charleston, West Va.

Vice-president; W. A. Cox, Cambridge, Mass.

Secretary, John A. Kenney, Tuskegee Institute, Ala.

J. R. LEVY, M. D., Chairman.

AMANDA V. GRAY, Secretary.

The Journal is instructive, and compares favorably with other periodicals.

E. W. Irving, M. D.,
Memphis, Tenn.

REPORT OF COMMITTEE ON RESOLUTIONS

The National Medical Association, in its thirteenth annual session assembled, reaffirms its devotion to

the work of improving the physical condition of the race.

Recognizing sound bodies, sanitary homes and wholesale environment as necessary conditions in developing and conserving the strength and morality of the race; the National Medical Association makes the following recommendations:

1. That a committee be appointed to further the development of a closer relationship between the national organization and the local bodies.

2. That State associations and other local bodies assume a more active and less spasmodic leadership in the campaign against tuberculosis, high infantile and child mortality, and unsanitary conditions of living among the masses.

In its closing hours, the Association deems it both fitting and just that it make public acknowledgment of the many courtesies and hospitalities of which it has been the recipient during this session. To the Tidewater Medical Association and Dr. W. P. Dickerson, Chairman of the Local Committee, it expresses deep appreciation of the hospitality provided for the comfort and welfare of its members and guests. To Hampton Institute, to Major R. R. Moten, Captain Allen Washington, and Prof. W. T. B Williams it extends thanks for their kindness and generosity in placing buildings and grounds at the disposal of the Association and for the delightful entertainment of Wednesday evening. To the Mayor of Hampton and the citizens of the Tidewater communi-

ties it expresses grateful appreciation of the gracious welcome and hospitality extended, to the local press, its thanks for the complete accounts of the proceedings which have been published each day; to Superintendent B. J. Megginson of the Hampton Roads Traction Company, for the extra facilities extended in operating cars beyond the usual hours and for the courteous services uniformly extended by the employees of the company; to the Pastor and members of the First Baptist Church of Hampton, for the use of their beautiful and commodious auditorium on the occasion of the public meeting Tuesday evening; and to the Mixed Quartet and Empire Quartet for the delightful music furnished at that meeting.

Resolved, that copies of these resolutions be sent to the press and to those herein mentioned as having contributed to the success of this Convention.

H. S. McCard, M. D.

J. J. France, M. D.

T. H. Slater, M. D.

W. T. Lovett, D. D. S.

A. S. Gray, Phar. D.

Committee on Resolutions.

SECRETARY'S REPORT

Number of members on roll at last meeting - - - 388

Number of members admitted at last meeting - - - 47

Number of members admitted since last meeting - - - 7

Number of members dropped for delinquency since last meeting 65

Number of members dropped by re-

quest since last meeting - 2

Number of members on the roll at present - - - 442

Number of members financial for 1910 - - - 256

Number of members financial for 1911 - - - 15

Number of members unfinancial for 1910 - - - 186

Number of members deceased since last meeting - - - 4

J. A. KENNEY.

LIST OF FINANCIAL CONSTITUENT ASSOCIATIONS FOR 1911

Louisiana Medical and Dental Association - - - \$5.00

Arkansas Association - 5.00

North Jersey Medical Society 5.00

The Kentucky State Medical Association - - - 5.00

The West Virginia Medical Society - - - 5.00

Indiana Association of Physicians, Dentists and Pharmacists - 5.00

Alabama Medical, Dental and Pharmaceutical Association - 5.00

The Palmetto Association, South Carolina. - - - 5.00

The Lone Star Medical, Dental and Pharmaceutical Association 5.00

SURGICAL CLINICS

During the meeting of the National Medical Association at Hampton, Va., surgical clinics were held at Dixie Hospital, and the following operations performed: Hysteromyomectomy, Drs. W. A. Warfield, and Simeon Carson, Freedmen's Hospital, Washington, D. C; Anesthetizer, Dr. J. A. Kenney,

Tuskegee Institute, Ala. Fistula in Ano, Dr. Simeon Carson; Hemorrhoids, Dr. J. E. Hunter, Lexington, Ky.; Anesthetizer, Dr. J. A. Kenney; Hystero-myomectomy, Drs. J. E. Hunter and J. A. Kenney. Anesthetizer, Dr. Morgan, Superintendent of Dixie Hospital.

MEDICAL CLINICS

An interesting case of "Pellagra" was presented to the Medical Section by Dr. A. M. Moone of Norfolk, Va.

I was agreeably surprised and pleased with the work of the Association at Hampton. If that session is not an exaggeration of its former work, those who have missed going heretofore, have no idea what they have lost.

Very truly,
(Signed) Thomas H. Slater.

Delegates and representatives from State Organizations will greatly facilitate the work of the National Medical Association hereafter, if they will reduce their reports to type written notes, which will be handed in to the Secretary after the reports are read.

They are also requested to give as accurately as possible the number of physicians, dentists, pharmacist, drug stores, hospitals, and nurse training schools in their states.

We are not ignoring the fact that some have already done this.

We are also suggesting that essayists will subscribe their names to papers. It is surprising how many papers are read at our Association

meetings, without the names of the authors.

We have just had made a new edition of the Constitution and By-Laws of the National Medical Association. Any member may have the same on request.

Secretary.

To the Principal and Faculty,

Hampton Institute, Hampton, Va.

Dear Friends:—

As Secretary of the National Medical Association, I have the honor of conveying to you the gratitude of this organization, for the abundant courtesies and kindnesses extended to us on the occasion of our Thirteenth Annual Convention just adjourned.

The members of the Association and visitors were simply delighted with the accommodations and attention they received while on the grounds, and we have all come away singing the praises of Hampton Institute.

Trusting that you will accept this feeble attempt on our part to express to you our heart-felt appreciation for what you have done for us; and that our deliberations there may bear good fruit for the Association, the school and the race.

Very truly,
General Secretary,
National Medical Association.

622 Grafton Avenue,

Dayton, Ohio,

August 22, 1911.

National Medical Association,
Hampton, Va.

Gentlemen:—

Through the kindness of Dr.

Kenney, I have just received a program of the convention, and note thereon many names of those who have taken active part in the tuberculosis campaign throughout the South. Thus the spirit of enterprise and of leadership manifests itself.

This note is written in the hope of suggesting to your convention the great gain to come from your giving much emphasis to the idea of your members taking leadership in state and local educational campaigns. There are tremendous possibilities bound up in the trained leadership which ought to come through the three professions represented in this body. Through you largely must come the solution of the civic and health problems which depend largely upon a higher standard of civic and individual cleanliness. Through you the teachers and the ministers must be interested and informed. Through you the business and professional men must be led to take a more active home missionary relationship to the less favored. Through you may come marvelous things if you will but face the issue and accept the task.

Very truly yours,

E. G. Routzahn.

Dr. A. H. Brown of Newport, Ark., read a very interesting paper on "Malaria Fever," which brought forth so much discussion that while the doctor has not furnished his paper for publication, we think it well to give our readers the benefit of the discussions.—Editors,

Discussed by Dr. A. W. Dumas of Mississippi: "I am right down in a hot-bed of malaria fever. I want to say something with regard to the use of quinine in malaria. While quinine is a specific and is largely used in the treatment of malaria I cannot condone its indiscriminate use. I have found from experience that the use of quinine hypodermically in the form of quinine and urea hydrochloride proves much more efficacious. So far as the use of quinine by rote is concerned, it is not only unscientific but very undesirable practice. Arsenic plays an important part in the elimination of the poison. Arsenite of strychnine with hypodermics of quinine and urea hydrochloride make a very excellent remedy."

Dr. C. H. Shepard said: "It should also be observed that quinine should not be used continuously in malaria for a longer period than two weeks. After two weeks' use it should be discontinued and such alterative tonics used as Iron, Arsenic, Nux Vomica, for a period of two weeks, and the use of quinine should be resumed. The most obstinate case of malaria may be cured by such procedure as I have just stated."

Dr. G. W. Cardwell said: "I am very much interested in Malaria, because I live in a Malarial section.

"It is a very important source of my income and support.

"As has been mentioned we find a good many cases of the intermittent form that show themselves with-

out fever. Such as pain or Neuralgia. I find at times that it isn't always easy to diagnose the effects of the Malaria germs. I have gotten good results from quinine, arsenic and iron."

Dr. O. B. H. Bowser, Richmond, Va.: "I am sorry that Dr. Brown could not continue his list of treatment. There is one symptom, however, that I failed to hear him mention in his paper, and that is muscular pain which we often find in Malaria Fever. Though I do not think that we have in Virginia the severe type that he has observed in Arkansas.

"In many of the malarial cases that I have treated, I have noticed severe muscular pains."

"Dr. Brown mentioned that he gave freely, large quantities of salines. This is a great help in relieving the intestinal tact; but I prefer first to give a stiff cholagogue carthartic, to relieve the hepatic congestion which is always present in this fever, and following it with saline purgatives to keep up free bowel movements afterwards."

Dr. E. H. Allen of Washington, D. C. said: "I want to commend the paper read by Dr. Brown; and also wish to say that I know from personal experience, being from Alabama, in which a great deal of malaria exists, that Arsenic in treatment of malaria fever is very good. That ordinarily, however, I prescribe quinine, combined with acetanilid and the oil of resin of capsicum."

Dr. E. M. Boyle, Washington, D. C.: "While I am not in a malarial district, I am interested in the subject from a general point of view, for the reason that I was born in a highly malarial section of the globe."

At this point Dr. Boyle was interrupted by Dr. J. W. Mitchell, of Washington, D. C., who rose to a point of order, stating that the speakers were not confining themselves to the paper in hand. The Chair said the point was well taken and requested the speakers, as far as possible, to confine their remarks to the paper in hand.

Dr. Boyle continued: "So far as the use of quinine is concerned, giving as many as 300 grs., that was due to the fact that the quinine was not dissolved by the hydrochloric acid in the stomach. The function of the stomach, so far as secreting hydrochloric acid, which is used for the purpose of dissolving the quinine, was defeated. If the quinine had been dissolved and absorbed there would have been no necessity for such huge doses of quinine."

Dr. A. M. Brown, of Alabama: "I think that quinine has the widest range of any of the drugs to my mind. One gentleman spoke of the abuse of quinine. It takes a remarkable dose to abuse it. Depending upon susceptibility sometimes I have given as high as 300 grs. per day to many, many patients—soldiers in Cuba with pernicious malaria. The temperatures ran as high as 107. I have given 100 grs. three times a

day to hundreds of soldiers in Cuba, and they are living yet. On the other hand, I gave a minister in my town quinine, 25 grs. in five capsules and he was rendered blind. He remained blind for two weeks. After the elimination of the quinine, his sight was restored."

Dr. J. H. Bugg, of Virginia: "Having had experience for about seventeen years in a malaria district with a number of cases, I have gotten most excellent results with the use of Calomel, in the most obstinate cases of vomiting it will be retained. There is no disease which has such varied symptoms as malaria fever. I use calomel formed in powder. It will relieve any condition in its elementary state. I have been able to get good results from quinine combinations in all conditions of cases. After the acute stage is over, then I take up my vial solutions. Quinine has given most excellent results, in most cases and that is what we are working for, results."

REPORTS OF DELEGATES

Dr. C. V. Roman of Tennessee, said: "Mr. President and Members of the National Medical Association: I have been traveling from Norfolk by a series of changes and have been riding since early this morning to get here, and I do not know why they selected a third-story room for us to meet in. I am not in much trim for talking. We have a very good State Society. It is alive and active and is doing good work. The session we held last June was the

best in the history of the association. Papers were of a higher grade and more interest was taken in them. The clinics were instructive and everybody seemed satisfied. In Nashville we have a local society that embraces nearly every practitioner in the city and we meet twice a month. The meetings are well attended and interesting. We adjourn in June for the summer."

Dr. G. A. Gerran of North Carolina, said: "We have about 120 physicians, dentists and pharmacists. They are busily engaged in trying to do what they can for the uplift of our people.

"At our last annual meeting of the association in Durham, we had 46 in attendance. We had twenty-one papers. All of these papers were very interesting. We also have in our city five hospitals, viz.: Slater Hospital, at Winston-Salem, under the management of Dr. H. H. Hall, Good Samaritan Hospital, at Charlotte, under the management of Dr. A. A. Wyche, St. Agnes Hospital, Raleigh, under the management of St. Augustine School, Shaw University Hospital, Raleigh, under the management of the Medical Department of Shaw University, and Lincoln Hospital, Durham, under the management of Drs. A. M. Moore and Chas Sheppard. These all are doing good work. In the St. Agnes Hospital, and the Lincoln Hospital, there is a trained nurse department connected, giving a thorough course in trained nursing to the young

women who are anxious to take up that profession. These nurses not only get employment in the homes of the colored people but in the best white families. They are in great demand and find steady employment all the time."

Dr. U. G. Mason, of Alabama, said, in part: "It gives me very great pleasure to represent Alabama State Medical Association. We have in that state an organization that is very helpful to physicians. We have a membership of about 100. We meet once a year and discuss topics of interest to pharmacists, dentists and physicians. In our local districts, for instance, including counties and cities that have local organizations, those local organizations frequently send delegates to the State organization. In many of the counties where these local organizations meet, they discuss topics such as we have had here, and they asked that I state to you that they are still in the progressive field of medicine and that they extend to you a cordial welcome to visit Alabama.

"The meetings which we have there from time to time, as I aforesaid, have been very helpful. In many of the cities in the state of Alabama, the white physicians are not as cordial as they are in other sections of the state and in adjoining states, but the object of this State Medical Association aside from creating helpful interest among the physicians, looking after the sanitary conditions and the general wel-

fare of the community, is to build up a friendly relation with our white brother, which is so indispensable and so necessary in order that we may make our success profitable. So that the time has come in our state, especially in the northern portion, including Birmingham district, when the white physician not only considers it a pleasure to consult with the colored physician, but frequently they have colored patients who request them to call in a colored physician in consultation in many cases."

Dr. T. H. Slater, of Georgia, said: "Mr. President, Members of the National Medical Association: I come from Atlanta, Ga., delegated by our State Medical Association to bring greetings to this body and as an evidence of their interest and love for this organization, they have even promised to pay the way of their delegate. I assure you that they mean good-will. We have an organization which has been in existence for seventeen years. We held our seventeenth annual meeting at Athens, in May, beginning on the third Tuesday and lasting three days. It is planned very much like this body. We have Medical, Surgical and Dental Sections. We have not as yet had a Pharmaceutical Section. All have done good work. For the last five or six years some practical work has been done. We have been visited each year in the last four or five years by some of the leading surgeons of our race in this country. The idea of surgery is be-

ing promoted. In most of the cities we have sanitariums and infirmaries in which our men are being trained in surgery and our organization stands for the very best and highest along medical lines. We have a membership of 110. We also have a local organization. To become a member of the State organization, you must be a member of the local organization or be recommended by the nearest local organization. No one is admitted to that organization who is not a bone fide physician, dentist or surgeon, lawfully licensed to practice in the state."

Dr. E. P. Roberts of New York, said: "I am not here as a delegate. I am here as President of the Medical Society of New York City. I told some of the members that I would bring their greetings to this Association. The best society north of the Mason and Dixon's line is the society in Jersey. I don't think there is a better society in the world than the society in Jersey. We are trying to patronize after New Jersey. Of course you will realize it is a very difficult matter in New York City to keep men interested, for all the men belong to the County Medical Society. Some societies have a membership of twenty-five. We have quite a large membership and we have had some very interesting meetings. In general we have had very good scientific meetings. One thing which we have tried to do is to keep before our society the idea that it is simply useless to practice dentistry or medicine in the or-

dinary way. We must discover something. We must discover some cure for some particular disease. In other words we must do some research work, if we want to make history for the Medical Association."

Dr. T. A. Walker of Louisiana, said: "I am not the representative to the N. M. A. from Louisiana, but I am its Vice-president. It was impossible for the representative of our association to come on this occasion. Our association in Louisiana is not great as to its numbers, but what it lacks in numbers, is compensated by the personnel of its members, the enthusiasm displayed by them, the character of the papers produced and discussions entered into.

"The men in our state have not taken to the idea of fraternizing. I regret this very much. They have not reached the conclusion that I have—that by meeting with other men and allowing our ideas to clash, we become better physicians and better surgeons. The result is that we have not as large an association as we should have. We are doing excellent work. The papers which are brought before the organization each year are of a high scientific and literary nature.

"We have in the city of New Orleans a hospital managed by Dr. J. T. Newman, who is regarded as one of the best surgeons in that 'neck of the woods.' He also is training some of our best women for the profession of nursing. The doctor is doing excellent work. He

is doing almost everything that comes within the domain of surgery. We are marching onward, and bring to the National body our best wishes."

Dr. A. W. Dumas of Mississippi, said in part: "Mr. Chairman, Members of the N. M. A: It gives me a very great pleasure to bring greetings from Mississippi. We have a State organization. We have been intact for some eight or ten years. We have built up a very healthy association and are doing good work. It is fostering interest in the work to such an extent that it is keeping the men bright; keeping them abreast with the times and it gives to each and every one of us, when we attend these meetings, new inspiration. We are always benefited by actually coming in contact with each other and we feel that it is helpful in every way.

"I bring you greetings because of our association with the National Association. The only way by which we can keep from fossilizing and from becoming careless is to continue and keep up the professional spirit. The work of the Association gives new inspiration always. Mississippi is doing good work."

Dr. Edward J. Wheatley of Baltimore, Maryland, said: "I am not the delegate. We have a delegate here, in the person of Dr. Scott. Since he is not present I would like to extend greetings to you for the state of Maryland.

"We have a population in Mary-

land of 232,249 colored people, 90,000 of whom are in Baltimore city. We have in the neighborhood of about 35 physicians, 7 dentists and 5 pharmacists. We have a local medical association rather than a state organization. That is to say, physicians all over the state are more or less connected with this particular body which convenes in Baltimore. Our custom is to read papers monthly and discuss them. The papers are original, being deduced from our experience in daily practice.

"We have established a clinical laboratory. We do our microscopic work and do not depend upon the white institutions in the community.

"The Chairman of the National Association, Dr. A. M. Curtis, can testify to the fact, that whenever he has visited us to deliver an annual address to our organization, he has found us up and doing. We are disseminating knowledge among the laity in order to minimize the awful mortality of certain diseases which seem to be sapping our vitals.

We are in touch with the National Association in all its efforts toward progress, and we are going to do everything possible in furthering the interest of this great National Medical Association."

Dr. W. H. Wilson, of Washington, D. C., said: "In the absence of our representative, I bring you greetings from the District of Columbia. In the district we have a population of 300,000; 100,000 of that number are colored, with about 100

practising physicians of color. The population floats; the physicians, never. Everybody wants to practice in the District of Columbia and no one wants to leave. The reason is plain.

"We have an organization there which has been in existence some twenty-five years. During that period of time, interest in it lapsed, but about fifteen years ago, it was reorganized. Following its reorganization it has been quite active. There is no medical subject too abstruse to be thoroughly thrashed out in our monthly meetings.

"We have about eighteen drug stores in the city of Washington. These exist very largely because of the patronage they receive from colored physicians. We have twenty-two dentists. All of the District send you greetings. We get along very harmoniously in the District of Columbia, fraternize and work hand-in-hand. So far as I know, there is no petty bickering. We have physicians whose reputation is not alone local, whose influence is not looked upon with favor by colored men alone. We have here now as President of this Association, one whose work is necessary in our community, but whose words go out everywhere, particularly where colored men are. We have other men who are specialists to some extent and whose opinions are given much weight not only by colored physicians but by all physicians who come in contact with them; so much so is this true, that it is not an uncommon thing for the white man to come in consultation

with colored physicians, and for the colored physician to operate in a white hospital in the District of Columbia. I bring you greetings from the District of Columbia.

Dr. W. E. Atkins, of Virginia, said: "Mr. President, Ladies and Gentlemen: "I regret very much to say that I cannot speak to you with regard to the work of the Medical organization here in the state of Virginia, but I can say something to you regarding the work of the Tidewater Medical Society which we have in this section.

"We have here a very progressive and loyal organization, I am proud to say, composed of about twenty-eight members. We have been in existence about eight or nine years and we meet monthly and discuss papers, aiming in every instance to be original, to give just our experiences and not what we might hear or gain from other results or other sources. The organization has proven most helpful to each of us. We take a very deep interest in the health of the people here. During the past few years and especially this past winter, much has been done along the line of preventive diseases. We have conducted health lectures in the different churches and lodges regarding consumption and sanitation in general. In some instances we have had the co-operation of the State Health Board. The Normal School was kind enough to lend us their lanterns to illustrate our lectures. So we have been simplifying

per teeth. The body of this bone forms an irregular triangle; within the body is an irregular cavity, called the maxillary sinus (or antrum of Highmore). In some instances the upper second bicuspid and first molar roots perforate the floor of this cavity. Growing or projecting out from the maxillary bones is a process called the alveolar process within which the roots of the teeth are lodged in alveoli or sockets. This process is thin and spongy in the region of the second bicuspid and first molar, but it becomes thicker in the region of the second and third molars.

The internal maxillary artery and its branches supply the teeth, roof and floor of the mouth, the maxillary sinus, also other parts of the face and head. Having three divisions, maxillary, pterygoid, Spheno-maxillary.

The nerves supplying the teeth are derived from branches of the fifth cranial or trifacial nerve, also from the sphenopalatine ganglion.

(The superior maxillary branches for the upper teeth.)

The greater palatine artery or largest branch of the pterygopalatine artery supplies the hard palate. It pierces the hard palate to the posterior and to the medial sides of the third molar teeth, through the pterygopalatine foramen. Its branches spread as they run forward in a direction parallel to the tooth row. The nerves and arteries pass through the same foramen (Pterygopalatine foramen). Thus you can readily see there is not much danger of injuring

the pterygopalatine artery unless the lingual root is abnormally large.

As I said in the outset: some of the conditions warranting replantation are:

1. When a tooth has been dislodged by traumatism, a blow by a ball, club or fall, etc.

2. When some disease, otherwise incurable, affects either the root or some portion of the alveolus.

A Case of Replantation in My Practice: THIS PARTICULAR TOOTH WAS NOT INJURED, NOT REMOVED BY ACCIDENT NOR WAS IT DISEASED. I intentionally removed and replaced this tooth for the purpose of using it as an abutment or pier for a bridge, because it was the only remaining right upper molar. February 25, 1908, a patient came into my office suffering greatly with toothache. I applied arsenical paste for devitalization or death of the nerve, thoroughly sealed the cavity and dismissed the patient. The pain was so severe that the patient returned shortly and demanded that I extract the tooth. I refused, and instead of doing as I was asked I simply removed the arsenic and applied acetate of morphine rubbed up with oil of cloves, as this is an excellent application for painful pulps, and it relieved the pain in a few minutes. I requested the patient to return the next day. At the appointed time I removed the contents of the cavity and once more applied the arsenical treatment in a mild form, and dismissed the patient. Several hours later the patient returned, and I

could see that suffering was intense by the expression on the face.

I thoroughly examined the tooth and surrounding structures and decided to extract, fill and replace the tooth.

This was the right upper second molar. The crown was normal in its shape. Having all the cusps, groves and fissures that any typical molar tooth has. The roots of this tooth looked very much like the roots of an upper first molar with the exception of the lingual root, which was curved toward the buccal surface, at one-third its length from the apical portion of the roots. The mesial or mesio-buccal and the distal or disto-buccal roots were not united as is sometimes the case, indeed, the roots were regular with one exception—(The lingual root). I scrubbed my hands in pure soap followed by a five per cent. solution of carbolic acid. Then one in 2000 bichloride of mercury. The instruments were sterilized by boiling fifteen (15) minutes. A small piece of rubber dam was also sterilized in the same solution. The rubber was used to hold the tooth while filling and replacing it.

ASEPSIS

Asepsis was practiced all the way through, in fact, I removed instruments and rubber dam from the carbolic solution, and placed them in a 2 per cent. Lysol solution. Feeling safe that all antiseptic precautions had been taken, and knowing that the danger of perforating the floor of the maxillary sinus was lessened, because of the situation of the second upper

molar, as the second upper bicuspid and first upper molar are located in the dangerous region and not the second upper molar, I therefore extracted the right upper second molar removed all decay and sterilized the cavity. Then I removed the dental pulp or nerve from the pulp chamber and three roots. Sterilized the root canals and hermetically sealed the roots with Chloro Percha and inserted Gutta Percha cones in the same. As the cavity was a large one, and the enamel being poorly supported with dentine, I filled the bottom of cavity with cement, then filled the remaining two-thirds with amalgam filling. I allowed sufficient time for filling to harden, then polished the same. The field of operation once more sterilized, using bichloride of mercury, one in 2000 of water. Then 3 per cent. hydrogen dioxide. The socket was then made to bleed, the tooth was brought forth from its antiseptic medium, and promptly replanted. Slight constant pressure was made on the tooth until the tooth assumed its original position in the socket. The location and general surroundings of this tooth were of such as to allow the tooth to remain without further attachment or retaining devices. I simply held the tooth 30 minutes, dismissed the patient with instructions to return home and hold it there one hour.

For one week the patient was unable to eat solid food. Thirty days after the operation the patient was able to eat Winston Beef.

J. J. France, M. D.....	3 00	A. O. Reid, D. D. S.....	3 00
D. A. Ferguson, D. D. S.....	3 00	J. N. G. Ramsey, D. D. S.....	3 00
J. Edw. Fisher, M. D.....	3 00	W. E. Reid, M. D.....	3 00
R. S. Flemming, M. D.....	3 00	Albert S. Reid, M. D.....	3 00
Chas. S. Franklin, M. D.....	3 00	C. H. Roberts, D. D. S.....	3 00
Garland A. Gerran, M. D.....	2 50	P. B. Ramsey, D. D. S.....	3 00
Arthur S. Gray, Phar. D.....	3 00	E. P. Roberts, M. D.....	3 00
Amanda V. Gray, Phar. D.....	3 00	J. C. Robinson, M. D.....	3 00
A. B. Green, M. D.....	3 00	Spurgeon S. Sparks, M. D.....	3 00
Thomas W. Gibbs, M. D.....	3 00	Wm. S. Slowe, D. D. S.....	3 00
L. U. Goin, M. D.....	2 00	Thomas A. Slater, M. D.....	3 00
J. H. Goodwin, M. D.....	3 00	C. H. Shepard, M. D.....	3 00
Francis T. Hamilton, M. D.....	3 00	Louis H. Singleton, M. D.....	2 00
Wm. H. Hughes, M. D.....	3 00	J. B. Stubbs, M. D.....	3 00
G. W. Holley, M. D.....	3 00	D. H. C. Scott, M. D.....	2 00
Wm. H. Higgins, M. D.....	3 00	Willis E. Sterrs, M. D.....	3 00
F. S. Hargrave, M. D.....	3 00	D. Grant Scott, M. D.....	3 00
John B. Hall, M. D.....	3 00	Edward M. Smith, M. D.....	3 00
B. F. Hutchins, M. D.....	3 00	B. B. Starks, D. D. S.....	3 00
Wm. H. Harrison, Phar. D.....	3 00	J. J. Quarrels, M. D.....	3 00
F. N. Harris, M. D.....	3 00	Wm. Turner, M. D.....	3 00
Wm. Holmes, M. D.....	3 00	J. M. Thompson, M. D.....	3 00
W. A. Holley, M. D.....	3 00	Charles I. Thomas, M. D.....	3 00
Robert L. Jones, M. D.....	3 00	Paul J. Taylor, M. D.....	3 00
J. W. Jones, M. D.....	3 00	F. R. Trigg, M. D.....	3 00
M. B. Jones, M. D.....	3 00	J. A. Tinsley, M. D.....	3 00
W. O. Jones, M. D.....	3 00	A. A. Tennant, M. D.....	3 00
B. B. Jeffers, M. D.....	3 00	A. M. Townsend, M. D.....	3 00
J. J. Jones, M. D.....	3 00	Wm. H. Wilson, M. D.....	3 00
R. E. Jones, M. D.....	3 00	T. A. Walker, M. D.....	3 00
J. A. Kenney, M. D.....	3 00	A. A. Wyche, M. D.....	2 50
I. A. Lawrence, M. D.....	3 00	Edw. J. Wheatley, M. D.....	3 00
J. R. Levy, M. D.....	3 00	Wm. A. Warfield, M. D.....	3 00
W. T. Lovett, M. D.....	3 00	Charles Wormley, M. D.....	3 00
W. C. Lawrence, M. D.....	3 00	I. R. Whipper, M. D.....	3 00
J. C. Laycock, M. D.....	3 00	Harry Williams, M. D.....	3 00
C. O. Lee, M. D.....	3 00	R. L. Whittaker M. D.....	3 00
A. N. Lushington, V. M. D.....	3 00	S. J. Wright, M. D.....	2 00
E. W. Lomax, M. D.....	3 00	L. A. Yancy, M. D.....	3 00
Stanton H. McCard, M. D.....	3 00	W. A. Crowder, M. D.....	3 00
Jno. Mitchell, M. D.....	3 00		
J. S. Massey, M. D.....	3 00		
Robert Marshall, D. D. S.....	3 00	MEMBERS WHO PAID BEFORE OR	
R. J. Matthews, M. D.....	3 00	AFTER THE HAMPTON MEETING	
H. S. Moore, M. D.....	3 00	R. T. Hamilton, M. D.....	3 00
U. G. Mason, M. D.....	3 00	J. W. Darden, M. D.....	3 00
W. C. McNeill, M. D.....	3 00	H. Phipps Harold, M. D.....	3 00
W. A. Mitchner, M. D.....	3 00	H. R. Butler, M. D.....	3 00
J. W. Mills, M. D.....	3 00	W. T. Chapman, M. D.....	3 00
C. N. Marshall, M. D.....	3 00	George C. Hall, M. D.....	3 00
A. M. Moore, M. D.....	3 00	C. Stephen Haynes, M. D.....	3 00
M. T. McCleary, M. D.....	3 00	John E. Hunter, M. D.....	3 00
S. I. Moone, M. D.....	3 00	Evelyn G. Houston, Phar. G.....	2 50
W. M. Mann, M. D.....	3 00	S. B. Jones, M. D.....	3 00
Augustus G. Purvis, M. D.....	3 00	F. M. Nelson, M. D.....	3 00
Wm. Penn, M. D.....	3 00	L. E. McCauley, M. D.....	3 00
D. W. Palmer, M. D.....	3 00	W. A. Pitt, M. D.....	3 00
L. B. Palmer, M. D.....	3 00	Abel E. West, M. D.....	3 00
J. W. Pierce, M. D.....	3 00	E. L. Young, M. D.....	3 00
Layman A. Paey, M. D.....	3 00	I. Marion Lawrence, D. D. S.....	3 00
F. T. Page, M. D.....	3 00	U. Grant Dailey, M. D.....	3 00
Harry S. Pope, M. D.....	3 00	R. F. Boyd, M. D.....	3 00
J. A. Robinson, M. D.....	3 00	F. G. Elliott, M. D.....	3 00
C. V. Roman, M. D.....	2 00		

OF INTEREST TO DENTISTS

Replantation

*By C. O. LEE, D. D. S.

WINSTON-SALEM, N. C.

Replantation as it is applied to Dentistry is the replacing of a tooth in the alveolus, or socket from whence it had been removed by design or by accident.

This operation may be performed immediately after the extraction or at any time before the socket is filled with new tissue.

Some of the conditions warranting replantation are:

1. When a tooth has been dislodged by traumatism, a blow by a ball, club or fall, etc.

2. When some disease, otherwise incurable, affects either the root or some part of its alveolus.

If there is considerable inflammation as the result of injury, it is not advisable to immediately replace the tooth. As a general rule several days should be allowed to intervene, when the inflammation is excessive; otherwise a tooth may be replaced at any time as soon as it has been prepared.

THE GOVERNING PATHOLOGICAL PRINCIPLE IS AS FOLLOWS:

Immediately after an injury, a certain amount of inflammation takes place and there is retrograde meta-

morphosis—a destruction or breaking down of tissue; and this is not the most favorable time to expect re-attachment to take place. As a rule, within a few days a building-up process, constructive metamorphosis, has set in, and the replacement of a tooth at this time is likely to be followed by more favorable results. This period sets in at any time from three days to a week, the socket being then partially filled with active living cells.

When it has been decided to extract a diseased tooth and to replace it, diseased portions of the root should be removed and sufficient time allowed to elapse before replantation, for the socket and tissue to have assumed a healthy aspect, even if this should necessitate the enlargement of the socket. Replantation can be performed in the lower or upper maxillary bones.

The anatomical structures involved in this particular case are the superior maxillary bones—they are two in number, one on each side of the median line or center of the face; they are irregular in shape, furnish a solid foundation for the sixteen up-

*Read before Dental Section N. M. A., at Hampton Meeting, August, 1911.

We would be glad to entertain the Association."

Paper: "Auto-intoxication"—Mary E. Britton, M. D., Lexington, Kentucky.

Discussed by Dr. E. J. Wheatley of Baltimore: "I commend the essayist for her thorough treatment of a timely and very important subject.

"I have in mind three prominent causes: (1) Occupation; (2) Improper diet; (3) Bad habits.

The larger number of our people are laboring people, many of whom overtax their strength and lower their resistive power.

We find that their diet is for the most part improper. Many of the laity eat meat almost to the exclusion of anything else, whereas the diet should be varied.

Bad habits—This consists particularly in the excessive use of alcohol and tobacco. I believe alcohol is responsible for the greater portion of diseases of mankind.

The following will show that the members of the Alabama Medical, Dental, and Pharmaceutical Association are "on the job," for the entertainment of the National Medical Association at Tuskegee Institute next August.

Dear Doctor:

'As you doubtless know, by invitation of the officers, endorsed by a great many of the members of the Alabama Medical, Dental and Pharmaceutical Association, the National Medical Association is to be the

guest of the above Association at Tuskegee Institute next August.

In order that we may perfect our plans for entertaining this Association, it has been decided to call a meeting of the physicians, dentists and pharmacists of the state in Montgomery, Ala., in Dr. D. H. C. Scott's office on the evening of the 19th inst., at 4 o'clock, as this is during the fair, also as we are further advised that on the 18th many physicians are likely to be in the city on account of the meeting of the K. of P. We hope to have a large attendance. May we count upon your presence?

This announcement is issued by orders of President and Secretary of the Alabama Medical, Dental and Pharmaceutical Association. Extend the invitation to every physician, dentist and pharmacist of your acquaintance in the state.

L. U. Goin, M. D., President,
E. D. Belsaw, D. D. S., Secretary.

J. A. Kenney, M. D., General Secretary, National Medical Association, Tuskegee Institute, Ala., October 10, 1911.

In response to the above appeal a large number of Physicians, Dentists and Pharmacists met in Montgomery on October 19th, and effected permanent organization for the administration of the affairs preparatory to the entertainment.

The following committees were appointed:

LOCAL COMMITTEE

Dr. J. A. Kenney, Tuskegee Institute, Ala., Chairman; Dr. J. W. Darden, Opelika, Ala., Secretary; Dr. D. H. C. Scott, Montgomery, Ala., Treasurer.

FINANCE COMMITTEE

Dr. D. H. C. Scott, Montgomery, Ala., Chairman; Dr. J. W. Darden, Opelika, Ala.; Dr. J. A. Kenney, Tuskegee Institute, Ala.

COMMITTEE ON EXHIBITS

Dr. W. F. Watkins, Montgomery, Ala., Chairman; Dr. F. W. Ragland, Birmingham, Ala.; Dr. L. L. Burwell, Selma, Ala.

The Chairman of the Local Committee was given discessionary power in the appointment of other committees, and their names will follow later.

Definite arrangements were effected for raising the funds necessary, several members present being anxious to pay more than the stipulated fee. Everything is now in readiness for the work to proceed and Alabama means to give the National Medical Association a reception that will be long remembered.

Already reports are reaching us of delegations preparing to come from Washington, D. C., Chicago, Ill., Indianapolis, Ind., Texas and other places.

It is to be hoped that not only members of the professions, but other friends who wish to visit Tuskegee Institute, Ala., and the South will avail themselves of this opportunity to do so.

J. A. KENNEY.

LIST OF REGISTERED PHYSICIANS AT
THE HAMPTON MEETING, WITH
AMOUNT EACH PAID

J. H. Alston, M. D.....	\$ 5 50
J. E. Ashburn, M. D.....	3 00
E. H. Allen, M. D.....	3 00
W. E. Atkins, M. D.....	3 00
W. G. Alexander, M. D.....	3 00
C. R. Alexander, M. D.....	3 00
Mary E. Britton, M. D.....	2 50
Charles S. Brooks, M. D.....	3 00
Roscoe C. Brown, D. D. S.....	3 00
B. R. Bluitt, M. D.....	3 00
A. H. Brown, M. D.....	3 00
G. Jarvis Bowen, M. D.....	3 00
D. C. Brown, M. D.....	3 00
Richard G. Baker, M. D.....	3 00
J. D. Barnes, M. D.....	3 00
B. P. Brownley, D. D. S.....	3 00
Wm. H. Barlow, Ph. D.....	3 00
C. W. Birnie, M. D.....	3 00
J. A. Brown, M. D.....	3 00
O. B. H. Bowser, M. D.....	3 00
P. L. Barber, M. D.....	3 00
C. S. Bassette, M. D.....	3 00
A. M. Brown, M. D.....	3 00
R. T. Burt, M. D.....	3 00
C. T. Branch, M. D.....	3 00
Jas. A. Battle, M. D.....	3 00
Wm. L. Board, Phar. D.....	3 00
York W. Bailey, M. D.....	3 00
S. S. Bruington, M. D.....	3 00
Urbane F. Bass, M. D.....	3 00
J. H. Bugg, M. D.....	3 00
D. W. Byrd, M. D.....	3 00
I. D. Burrell, M. D.....	3 00
J. H. Byrd, M. D.....	3 00
E. Mayfield Boyle, M. D.....	3 00
W. P. Burnett, M. D.....	3 00
J. Henry Boothe, M. D.....	8 00
E. A. Carter, M. D.....	3 00
Wm. Alex Cox, D. D. S.....	3 00
Mrs. J. P. H. Coleman, Ph. D....	3 00
Simeon L. Carson, M. D.....	3 00
R. G. Chissel, M. D.....	3 00
Minnie A. Crews, Phar. D.....	3 00
W. T. Coleman, M. D.....	3 00
Geo. E. Cannon, M. D.....	3 00
C. R. Collins, M. D.....	3 00
Geo W. Cabaniss, M. D.....	3 00
N. F. Cardoza, M. D.....	3 00
A. M. Curtis, M. D.....	3 00
G. W. Cardwell, M. D.....	3 00
W. A. Drake, M. D.....	3 00
W. P. Dickerson, M. D.....	3 00
A. W. Davis, M. D.....	3 00
Grace Duiguid, M. D.....	3 00
M. O. Dumas, M. D.....	3 00
A. W. Dumas, M. D.....	3 00
J. L. Eagles, Phar. D.....	2 50
A. W. Edwards, Phar. D.....	3 00
Geo. R. Ferguson, M. D.....	3 00
W. T. Foreman, M. D.....	3 00

the work in order that the smallest child in our community can tell you the dangers of consumption and of the absolute necessity of ventilation and pure air. These lectures have not only been conducted in Hampton but in other communities. They have been conducted with a view of helping the people. We meet first at Hampton then at Portsmouth, then at Norfolk and at different places. You meet here today, Mr. President, as members of the National Medical Association and as guests of the Tidewater Medical Association, and I am very glad to extend you greetings on behalf of our society."

Dr. J. B. Stubbs of Wilmington, Del., said: "We have a very small membership. Our society has not been doing very much practical work here of late. We hope to do better. We bring to you greetings."

Dr. W. G. Alexander, of New Jersey, said: "The state of New Jersey is not so fortunate as to have both a State and Local organization. Our Local Association takes in the seven cities in the northern part of the state.

"We have no new report to make: We have not lost any of our members. We take in every new man who settles in the neighborhood; We have made great progress in the last year. We meet once a month. The association has also sent along its Five Dollars, as its contribution to the National Association.

"During the last year we have taken up the idea of the establish-

ment of a hospital. At this time next year, it will be in operation."

Dr. Mary E. Britton, Lexington, Ky., said: "We have a State Organization, the enrollment of which is 80 members, but the attendance is usually about 40. We meet annually the first week in May, and discuss living issues along medical lines. Our Society affiliated with this body last year, and sent its Secretary, Dr. B. F. Jones, to represent it in the deliberations of the Association; This year I have been sent as a delegate with greetings and annual dues, hoping an increased interest upon the part of the constituency until we shall become a permanent body, keeping pace with like bodies of other races, the fruits of which our own race can well be proud.

"Such a hopeful result can be obtained only through helpful co-operation from the constituency."

Dr. S. S. Bruington of South Carolina, said: "It gives me pleasure to bring greetings from the Palmetto Medical Association of South Carolina. We have an association there composed of 49 members of the profession. We are doing well. Nearly every physician in the state of South Carolina is a member of the Palmetto Medical Association. There are about 60 physicians, dentists and pharmacists registered in the state. They look forward to the last week in April with pride. They know that it is the time to come together and diffuse and also to get whatever

knowledge there is of prime importance. Sometimes a thing passes a busy physician that he is not apt to see because of his work. Another physician picks it up and mentions it. We go there to talk on medical subjects. We go there for business. Our towns and cities are close together, and we get in touch with each other easily. Therefore, we do not have to hunt social life. We know everybody and especially people of importance.

"We do not want anybody there who has not passed the State Board examination. We are looking for efficiency. We want men with energy; we want men with brain. This is the standard we all should look for. I bring you hearty greetings from South Carolina."

Dr. W. H. Higgins of Rhode Island, said: "I bring you greetings from the great State of Rhode Island. It has been my good fortune to come to these annual meetings regularly for the last eight years.

"I come this year as a humble member from a city and state whose physicians, surgeons and dentists are all members of this Association.

"I also hail from a state whose physicians are members of the Rhode Island Medical Association, which affiliates with the American Medical Association, but do not I am sorry to say fraternize with this our National body.

"The trinity of a Medical Education comprises access to the hospital, the laboratory, and the library; and I am glad to report here that the men

of the profession in my section of the country have these rare privileges of excess to this splendid trinity of Medical Education.

"There is no discrimination made against any man in the hospitals of Providence and Newport. If a man is competent he is given the same opportunity to make good as his white brother. We are small in number, being only four Negro doctors, and five dentists in the state, but despite our small numerical strength we are endeavoring to maintain the highest possible medical proficiency in our Profession."

Dr. B. R. Bluitt, of Texas, said: "Mr President, and Members of the National Medical Association: I bring you greetings from Texas. We have an association there known as the "Lone Star State Medical, Dental and Pharmaceutical Association." We have a membership of about 100. The association is possibly about eighteen years old. It is growing from time to time. We have represented in our association the majority of the best men in the state, most of whom are doing well. Our association is conducted largely on a basis of the National Medical Association. We are members of this association. Our association meets annually and elected me this year to represent them. I, therefore, bring to you the greetings from Texas. We shall try from now on to always have a representative to this body. It is a great sacrifice to us to travel clear across this continent to meet you from time to time.

Minutes of the Sessions of the Dental Section of the National Medical Association at the Thirteenth Annual Meeting of the Association, and the Fifth of Dental Section, Held in the Academic Building of Hampton Institute, Hampton, Virginia, August 22, to 24, 1911

TUESDAY, AUGUST 22, 1911

Ten O'clock A. M.

The Dental Section met in general session, Dr. A. M. Curtis, of Washington, D. C., President, in the chair, and Dr. W. M. Slowe, of Philadelphia, Pa., Dental Vice-president, on the rostrum.

Formal opening was followed by program rendered before the general body and the invited public.

Adjournment of morning session.

Two O'clock P. M.

This afternoon was spent in the inspection of an excellent exhibit of the S. S. White Company, Mr. Cassell in charge. Every courtesy was shown the dental body, and the time was profitably given in familiarizing the attendants with the most recent improvements and methods in dental instrumentaria.

WEDNESDAY, AUGUST 23, 1911

Ten O'clock A. M.

The Dental Section attended general session of the Association, and were auditors to the section essayists and orators. Dr. James A. Wimbish, of Atlantic City, N. J., was not present to represent the Dental Section.

Eleven O'clock A. M.

The Dental body retired to section meeting.

Called to order by Dr. R. G.

Baker, of Baltimore, Md., Chairman.

Reading of minutes deferred.

Enrollment was made as follows:

Drs. R. G. Baker, Baltimore, Md.
D. C. Brown, Baltimore, Md.
R. C. Brown, Richmond, Va.
W. A. Cox, Cambridge, Mass.
D. A. Ferguson, Richmond, Va.
R. S. Flemming, New Haven, Conn.
D. W. Gibbs, Bridgeport, Conn.
N. D. Lassiter, Newport News, Va.
C. O. Lee, Winston-Salem, N. C.
W. T. Lovette, Norfolk, Va.
R. J. Macbeth, Charleston, S. C.
J. M. G. Ramsey, Richmond, Va.
P. B. Ramsey, Richmond, Va.
A. O. Reid, Portsmouth, Va.
C. H. Roberts, New York, N. Y.
W. M. Slowe, Philadelphia, Pa.
E. W. Smith, Winston-Salem, N. C.
C. S. Wormley, Washington, D. C.

Chairman made annual address reviewing progress of the Association and the Section.

Business proceeded in the regular order.

Paper: "*Oral Hygiene*"—Dr. J. M. G. Ramsey, of Richmond, Va.

Dr. Ramsey gave an account of the examination of school children's teeth held in the public schools of Richmond, and emphasized the necessity of a regular and enthusiastic interest in the hygienic condition of the oral cavity and its adnexa.

Discussion.

Adjournment until 3 p. m.

Three O'clock P. M.

Formal opening, Chairman, Dr. Baker.

Minutes of meeting held in Washington, D. C., August, 1910, read and adopted. Motion, Dr. C. H. Roberts; second, Dr. D. C. Brown.

Paper: "*Replantation*"—Dr. C. O. Lee, of Winston-Salem, N. C.

This treatise was taken from Dr. Lee's private practice, and was well presented.

Discussion.

The regular order of business was at this point suspended to elect delegates to represent the Dental Section in the house of delegates, the new constitutional body for the election of national officers of the Association.

Committee was appointed to report on delegates and returned following recommendation:

Dr. C. S. Wormley, of Washington, D. C.

Dr. D. C. Brown, of Baltimore, Md.

Dr. Brown stated that the uncertainty of his departure precluded his acceptance. Dr. C. H. Roberts, of New York was then substituted and the report adopted, and in typewrit-

ten form, with proper signatures, submitted to the General Secretary.

Program was continued as follows:

1. Demonstration of Cast Gold Inlays, S. S. White Suager Method—Dr. D. A. Ferguson, of Richmond, Va.

Dr. Ferguson reviewed the causes of failures, and stated consistent results obtained by proper observance of certain definite principles of manipulations.

The demonstrator also exhibited a number of excellent specimens of restorations, mechanically and artistically ideal.

2. Demonstration of Dr. Alexander's method of casting Gold Inlays—Dr. Cassell, of S. S. White Company.

The simplicity and time-saving features of this method were briefly given, and specimens of results exhibited.

3. Demonstration of Somnoform—Dr. C. S. Wormley, Superintendent of Dental Infirmary, Howard University.

Demonstration was prefaced by brief treatise on the new formula of somnoform, advantages, technique of administration, and absence of unpleasant phenomena, by Dr. R. C. Brown, of Richmond, Va.

Dr. Wormley then administered the anesthetic, verifying in every detail its merits.

Thanks were unanimously voted to all essayists, clinicians and demonstrators.

The election of officers now being in order, the following committee was appointed to submit report:

Dr. J. M. G. Ramsey, Chairman.

Dr. W. M. Slowe.

Dr. D. W. Gibbs.

Dr. R. S. Flemming.

After retirement the following successors to the passing regime were recommended :

Dr. R. C. Brown, of Richmond, Va., Chairman.

Dr. N. D. Lassiter, of Newport News, Va., Secretary.

Dr. P. B. Ramsey, of Richmond, Va., Censor Committee.

The committee stated that the term of Dr. Van Horne, of Executive Committee, had not expired.

Dr. R. C. Brown called attention to the fact that this selection was too central for a national body and moved reconsideration. Carried.

The Committee again retired for deliberation, and brought in the second report, viz.:

Dr. R. C. Brown, of Richmond, Va., Chairman.

Dr. R. J. Macbeth, of Charleston, S. C., Secretary.

Dr. C. H. Roberts, of New York, N. Y., Censor Committee.

Dr. Macbeth declined, stating that a recent illness prevented the concentration this office required.

Dr. P. B. Ramsey moved the adoption of the report with the exception of Dr. Macbeth. Second—Dr. Cox. Carried.

Dr. C. O. Lee, of Winston-Salem, was then nominated for Secretary by Dr. Macbeth. Second—Dr. Lassiter. Carried and election declared.

No further business.

Dr. C. H. Roberts moved adjournment sine die.

Body stood adjourned by unanimous consent.

Dr. R. G. Baker, Retired Chairman.

Dr. R. C. Brown, Retired Secretary.

A FEW MINUTES WITH OUR CONTEMPORARIES

Mouth Breathing.—Dr. Cassell says: "If anyone will experiment on his own person, and note his sensation, he will discover that with prolonged mouth breathing the lining membrane of the oral cavity becomes dry and parched, and the act of respiration is at last disagreeable. While, with prolonged nasal respiration there are no distressing sensations. Breathing through the nose is one of entire freedom from annoyances, and is lining membrane remains moist, even becoming moister as the respiration of the air is continued. And in a country like ours, where there is plenty of weather but no climate, it is not possible to overestimate its value in the prevention of bronchial affections alone."—Dr. M. J. Emelin, New York, in Dental Brief.

Caries and Necrosis.—In a case of necrosis of the bone, like gangrene of the soft tissues, the death of the structure takes place "en masse," while caries of the bone is a progressive cellular death of the bony structure. In necrosis a line of demarcation between the vital and the necrosed tissue is established in due

course of time and the dead mass thrown off. In caries no such line of demarcation exists. The death of the bone is gradual, the cellular elements being sloughed off as fast as they die, leaving a cavity in the bone, filled with a thin, watery or serous exudation containing all the products of decomposition of the bone together with the ever-present staphylococcus and other pathogenic organisms. Being protected, as it were, from any outside disturbance, these pathogenic organisms further invade the adjacent tissues and cause still further destruction.—Dr. A. T. Rasmussen in the Dental Brief.

Antisepsis.—While it is a matter of universal experience that nature can and does heal wounds without antiseptic medicaments, experience also justifies the belief that in the majority of the cases the cure will be promoted by their prompt and judicious use. Few surgical practitioners have better opportunities to demonstrate this than dentists, whose fingers are so liable to puncture or laceration by instruments contaminated by contact with decayed teeth or by other sources of infection present in the oral cavity. If, when such an accident occurs, the wound is promptly and thoroughly treated with a suitable disinfectant and guarded against a further contamination by a protective covering, healing without untoward complications can, as a rule, be confidently anticipated; without antisepsis even a slight wound may have

calamitous and even fatal results.—
Editorial: Dental Brief.

The Third Molar in Pyorrhoea Treatment.—I have reached the conclusion that in treating pyorrhoea cases, unless the third molar is required for some good reason, it is advisable to remove it to eliminate the pocket between it and the second molar, a pocket very difficult to reach so as to properly treat it, and which in many mouths furnishes a breeding place for bacteria. It has practically no function, for the food will be masticated where the tongue can conveniently place it. It is frequently advisable to extract these teeth in order to maintain sanitation.—Practical Points, Dental Brief.

Sterilization.—"In the chemistry of sterilization it must be borne in mind that sterilization, by a chemical antiseptic, is a chemical process involving a reaction between the substances acted upon, whereby both are altered in composition." This reaction is in harmony with the law governing all chemical changes, namely, the law of definite proportions, that is, "The relative weights of elementary substances contained in a compound are definite and invariable." "To effect complete sterilization, the amount of the antiseptic used must be in proportion to the quantity of septic matter present," "In sterilization of oral tissues, in health or affected, the use of chemical antiseptics involves the same restrictions as there are in general surgery"—Dr.

N. A. Teague in the Dental Cosmos.

Dentistry and the Public.—"In like manner the question of the relations of dentistry to the public service, especially public dental hygiene and care of the teeth of school children, has, under the enthusiastic leadership of Prof. Dr. Jessen, been placed in a position where this important sphere of dental work can be organized on a world basis of operation under the directive influence of a recognized dental professional body and kept as free as possible from entangling commercial alliances. Army and navy dental service, dental nomenclature, bibliography, and history, have also received their share of consideration from special committees appointed for the study of these subjects in their international relationships." — Editorial: Dental Cosmos.

Modification of Lane's Operation for Cleft Palate.—The technique of Lane is followed, except that mucoperiosteum covering the intermaxillary bone is separated from the subjacent bone, and carefully fitted under a raised flap from the opposite alveolus, this completely closing in arch of the alveolus and also helping to form the floor of the nose anteriorly.—Periscope, Dental Cosmos.

Child Mortality in Chicago.—Thirty-five hundred children, I am told, died in Chicago from preventable diseases. The figures make their impression but coldly, easily forgotten in the mass of other figures

and facts. But here I was not told this appalling truth in figures. It was presented by an array of thirty-five hundred dolls; and once that army was seen, the figures took a vivid glow of a human tragedy. And meanwhile as this formidable assembly stood at arms, so to speak, another marching army portrayed somberly the unnecessary slaughter of life. Every fourth figure in the procession was cut down and removed from sight by a mechanical device, showing that only three in every four infants "grew up."—From IMPRESSIONS OF CHICAGO'S CHILD WELFARE EXHIBIT, in the Oral Hygiene.

NEW BOOKS

Kirk's Operative Dentistry—Fourth Edition.

Wilson's Dental Prosthetics.

Brown's Oral Surgery.

Noyes' Dental Histology.

Fischer's Dental Anaesthesia.

Hewitt's, The Administration of Nitrous Oxid and Oxygen for Dental Operations.

CAST GOLD INLAYS

Dr. D. A. Ferguson, of Richmond, Va., who secures great success with the S. S. White Dental Suager method of casting gold inlays, as demonstrated at the Hampton meeting of the National Medical Association, emphasizes the technique in the following paragraphs.

SIX DO'S:

1. Prepare cavity so as to be retentive and seat inlay well, yet permit easy withdrawal of wax model.
2. Exercise great care in the removal of the wax model so as to avoid distortion or fracture.
3. Use sprue of recommended size, and invest at no great depth,

one-eight of an inch being sufficient.

4. Make conical depression in investment in which to fuse gold, dry out and heat up slowly.

5. Flow solder with an even flame, being careful not to "burn" it.

6. Adjust moldine in suager cylinder one-half an inch from end, and make depression in it to like depth to increase air space. Apply carefully over heated investment and molten gold, and force plunger down upon it with a slow and even pressure, applied with index finger.

ONE DONT—Do not fail to do these "SIX DO'S."—R. C. B.

THE DENTAL IMPRESSION OF HAMPTON

Hampton is a beautiful spot, an interesting historic center, a famous educational locality, and now, to us, the land of fond memories. Blessed with sunshine by day, cooling zephyrs after the sunset hour, and calm, peaceful nights at slumber time, we indeed think that all nature, in friendly mood, did minister to the fullest pleasure of fair Hampton's visitors.

Hamptonians are all right too. Kind and courteous, prosperous and industrious, intelligent and appreciative of the lofty principles of the body which convened in its inspiring clime, they were ever solicitous of the personal, as well as corporate, welfare of the members of our national body.

Hampton Institute well earned our hearty commendation and gratitude for the services so enthusiastically rendered us, and the community in general we praise for that well-famed Virginia hospitality which was at all times accorded us.—R. C. B.

JUST FOR FUN

Bay shore at Buckroe—Ah, there!
Surging billows, balmy air—
Oh, gee!

Common prose can't disclose
The times we had—look who knows—
Tee-hee!

Doing stunts a la seashore,
We did "go some"—and then some more.
Whew-ee!

Remember, thou, the wise old bird?
Our motto was "Mum's the word."
You see!

But times like these are not long for
The fellow that they call "the doctor."
Pit-(y)-ee!

So, soon to each son of Aesculapius,
Duty called—No more capers
For thee!

With manner now of seriousness,
Exit, "beat it," dispossess—
"Twenty-three!"

Moving day—we had to pack;
But, "some of these days," we'll "be
back"—

"B-e-l-i-e-v-e M-e!"

(R. C. B. with apologies to Bert Williams.)

TEN COMMANDMENTS FOR THE D. D. S.

1. Keep thy office in order.
2. Make thy personal appearance pleasing to the eye of thy patient.
3. Let not ill manners possess thee, for such are an abomination.
4. An ideal shalt thou have, and not bow down to "graven images."
5. Bear thee not false witness against thy professional brother.
6. Thou shalt not covet thy professional brother's prestige, nor his practice, nor his possessions, nor anything that is his.
7. Remember thou that the Sabbath is also a day of physiological rest.
8. Hide not thy good work under a bushel, for such is not the spirit of fraternity.
9. "Those 'patients' thou hast, and their adoption tried, grapple them to thy soul with hoops of steel."
10. Honor thy profession, that thy days may be long, and great thy success, in the land where thou art permitted to practice.—R. C. B.

OF INTEREST TO PHARMACISTS

A Thorough Preparation Essential to Success in Pharmacy as a Profession

*By WILLIAM H. BARLOW, Druggist

NEWPORT NEWS, VA.

It is doubtful, if there ever were a time, when a thorough preparation was as much required in every line of duty as it is today.

In this period of competition in the struggle for existence, the conflict in which we all are engaged, the man best prepared for the contest, will finally win, while he, who is not equal to the occasion, must succumb.

He who devotes all of his time to some special line of work, having thoroughly equipped himself for the task, and brings all his faculties to bear in its consummation, will undoubtedly reach the goal for which he is striving.

Thoroughness and proficiency dignify work which is looked upon as drudgery by people who are wanting in the element of character.

Many of the methods used in farming fifty years ago have been dropped and new ones employed, because farmers have become more skilled and proficient in tilling the soil. The establishment of agricultural colleges, the invention of machinery to save time and labor, all

of which are the products of mature minds, have reduced farm work to a science.

Now, since the well trained mind has done so much to improve manual labor, how much more is it needed in the profession.

Success in medicine and law has always depended in a great measure upon a good preparation before entering the professions.

The physicians who have become renowned in their professions were well prepared before entering upon the study of medicine. They are the ones who have made in the field of *medical science researches*, investigations and discoveries of agencies, which have conquered some of the so-called incurable diseases, relieved human suffering and prolonged life.

Inasmuch as these achievements have been accomplished by a good preparation in the other professions, we see no good reason why similar results cannot be brought about in pharmacy.

It is much to be regretted that Pharmacy has been outstripped by both medicine and law in the line of

*Read before Hampton Meeting of N. M. A., 1911

preparation. To be in any way a leading physician from a scientific standpoint, has always required a high school, an academic, a college education, or one equivalent. But, not so with pharmacy. Until quite recently, any person, 21 years old, with four (4) years practical experience in a retail drug store, was considered competent to practice the profession.

With such conditions surrounding it, Pharmacy could not be called a profession. It was simply a business carried to make money, having but little more dignity attached than would be found in carrying on a grocery store or meat shop on the corner.

It was not until the states began to pass laws governing the practice of Pharmacy that it was lifted from the level of a mere business, and placed upon a professional plane. Rightly speaking, we may say up to the present time, Pharmacy is divided into three periods.

1st. When the only requirement was an elementary education—the applicant to be 21 years of age, and to have had four years' practice as an apprentice under some person already licensed.

2nd. When the states appointed examining Boards to pass upon the qualification and fitness of all applicants for license to conduct retail drug stores.

The third epoch is now present. Notwithstanding the new requirements brought about by the different State Boards of Pharmacy and Pharmaceutical Associations, there is still

a crying demand for a higher standard to practice the profession.

Examining Boards are getting more rigid each year. In many states a high school education in addition to a diploma from a recognized college of Pharmacy is required of every applicant for registration.

This new idea is severely criticised by some very good pharmacists, who assert that it is unfair to the man who wishes to take up the profession but is not able to go to the College of Pharmacy. It is unfair also to want to get something of value without paying the price.

He who desires to enter the profession, but is not prepared to meet the conditions, is simply unfortunate—that is all.

Nobody expects a man in the medical profession to do anything in the way of practice, without first pursuing a course in medicine.

Boards of Pharmacy are beginning to see the need of the druggist being prepared for his work; that he, whose duties are so closely allied to the physician, needs to be as well prepared as is his brother of a kindred profession.

The demand for pharmacists is great, but no greater than the demand to properly prepare for that line of duty.

It is highly probable that the thought of making lots of money has caused many a person to take up Pharmacy without counting the cost, forgetting the fact that we should expect no more out of anything than we put into it.

That there is room at the top is

equally true in Pharmacy as it is in any other line of duty.

The dollar is a valuable asset, and in many cases indispensable, but it can never be a successful substitute for brains and proficiency in the professions. There are some things of far more importance than the dollar, one of which is the consciousness of well rendered service.

Those of us who are members of the professions cannot afford to be like the preacher (and I mean no reflection on the ministry) who said to his congregation: "Now, my friends, I have some dollar sermons, some two-dollar sermons, some five-dollar sermons and some ten-dollar sermons. So before I begin to preach, I want the collection lifted, so that you may show by your contribution which one of these you wish me to preach."

The eagerness to get the dollar is one of the things that is robbing the profession of its dignity and ethics. We sometimes pay too much for the dollar.

The physician who snatches a patient from the jaws of death, as it were, will take more delight in telling it, than he will in telling of the compensation received for treating the case.

Read the Pharmaceutical Journals, and of what does the reading in most of them consist? How Mr. Jones or some one else made money by pushing his post card trade or soda water business or some other side line and sometimes these very things can be gotten at any department store. Occasionally we find

in the Pharmaceutical Journals a contribution bearing on the professional side of Pharmacy.

We are not opposed to the side lines which may enhance trade in the drug store business, but the time and attention paid to the side lines have in many cases been given to the expense of the professional side of pharmacy. And as a consequence, the manufacturing houses are making and selling to the druggist many things which he ought to make himself.

We censure the physician for prescribing so many proprietary preparations, and who is largely to blame?—We ourselves. While we druggists are pushing this side line and the other side line at the expense of the professional side of the business, the manufacturing houses are taking advantage of this pharmaceutical negligence. They are employing some of the best pharmacists in the country. These men are engaged in the laboratories and making all kinds of pharmaceuticals and chemicals. These houses then flood the physicians' offices with their literature and send out salesmen with free samples. The physician in many cases reads the literature and tries the samples—getting good results. Soon the druggist gets a prescription for something made by some drug house in New York, Chicago, Philadelphia or St. Louis, and oftentimes it is no better than what could have been made in any well regulated retail drug store, and a little personal talk with the physician will convince him of the fact.

We admit there are many druggists who gained their knowledge from practical experience gotten from behind the prescription counter. Their literary education was also limited, but they are not the men that have given us scientific Pharmacy. They did not learn it in a systematic way. It is next to impossible for them to impart their knowledge to others in a way to be effective. They are like Napoleon's schoolmaster, of whom he said when standing by his grave, "Here lies one who strove hard to impart to others that which he did not have himself."

Again the men not well prepared for the profession can no more compete with master minds, than an electric battery can do the work of a dynamo.

Notwithstanding that many things we have said may seem pessimistic in regard to pharmacy, the cloud of ignorance and deficiency from a professional standpoint which has shut out the sunlight of preparation, proficiency and progressiveness for the sake of the dollar, is fast disappearing, and it is only a matter of time when it will fade from view entirely. The profession is no more than what we make it.

When we become masters of the profession, and not slaves, as is too often the case, and when we begin to make more of our own preparations, and push them in a way to make the physicians feel that they are as good as those made by the manufacturing houses, we can look upon the profession as a true and noble one,

of which we may well be proud, and the physician and the pharmacist can work in harmony for the good of humanity.

DISCUSSION

Dr. Amanda V. Gray said: "Mr. President: I should feel that I was derelict in my duty to the pharmacists of this Association, if I did not enter my protest against what the doctor has said.

"We, the pharmacists of this body have been attempting to prove to you our fitness to do any kind of compounding you may require of us.

"The higher standards in the curriculum of our schools, the stringent examinations required by the state examining boards attest the pharmacist's ability.

"There may be a few of the old school pharmacists who are not prepared for this work, but the rank and file of pharmacists of today contend that we are fully qualified to do anything you may desire.

"We are here asking an opportunity to put our technical knowledge into practice. Give us more N. F. and U. S. P. Preparations to make. Let us show you that we can do it."

Dr. L. H. Singleton of Washington, D. C.: "I rise to compliment Dr. Barlow on his effort, also to make a few statements to the contrary. It seems that Dr. Barlow had in mind pharmacists of thirty-five or forty years ago. I think today the pharmacists stand upon a plane equal to that of any other profession. The requirements are as great in the school of pharmacy and comprise

nearly as many courses as the physician's. The most successful preparations on the market today, which physicians indorse by prescribing, are put up by pharmacists. The manufacturing pharmacist of today is the successful and well equipped pharmacist of yesterday. There is no preparation of the U. S. P. and N. F. which a pharmacist is not prepared to put up."

Dr. Julia P. H. Coleman of Washington, D. C., said: "Dr. Barlow is entirely right in his argument and knows exactly what he is talking about. If you have followed the drug business or even travelled through the states as I have, especially some of the Southern States, Virginia for example, you will find that Dr. Barlow is familiar with the drug store conditions. I know instances where Doctors have opened drug stores and placed their coachmen or porters in charge to fill prescriptions. Indeed, there are men in all walks of life running drug stores.

"Dr. Barlow has tried to impress upon you the importance of preparing men and women to conduct drug stores intelligently, and those who are not prepared professionally, should be boycotted.

"Of course I agree with Drs. Gray and Singleton, that the majority of pharmacists of Washington, D. C., are prepared to do the work, if they are given an opportunity, but I want to invite you down in Virginia and other sections of the South, where

any man who has the money will fit up a drug store and place any man or boy, whom he can trust to handle the funds, behind the counters to fill physician's prescriptions.

"The Negro physician is responsible for the success of every Negro pharmacist in the country. We do not find the white physicians taking colored boys in their offices and drug stores and making it possible for those boys to get the required education and training to fit them for the drug business. It is the Negro physician who has been and is doing this, and we still look to you, gentlemen, to help further the advancement of the Negro pharmacist by insisting and demanding that if he wants your support he must prepare himself professionally to do the work."

Dr. W. H. Barlow replies: "Mr. President, Members and Friends: What I am expected to say, I hardly know. I think I said in the beginning that a thorough preparation was essential to success in pharmacy as a profession. I think it is generally accepted by all well-thinking men that the better prepared any man is, the better he can work. I am proud of the profession of pharmacy and I am frank enough and broadminded enough to admit that it has short-comings which it ought not to have. You talk to most of the Examining Boards today and they will tell you that the great trouble which they have with the applicants is, they have not had sufficient literary training. They know

the questions, but do not know how to put them down in good English. I will admit that in the District of Columbia the pharmacists are prepared for the work, but there is considerable difference between the prepared man and the one who is not. The point is this: there should be more *importance* placed upon *preparation* for the profession.

"As to pharmacy thirty-five or forty years ago—since the gentlemen lived in those days and practiced then, I suppose he has a better knowledge of pharmacy of that time than I have."

MINUTES OF THE PHARMACEUTICAL
SECTION, HAMPTON, VA.

AUGUST 22, 1911

2:30 P. M.

Tuesday, August 22, Pharmaceutical Section called to order by the President, Dr. W. A. Jones. Recording Secretary being absent, Dr. Julia P. H. Coleman was asked to act as Secretary for the meeting.

Minutes of meeting of 1910 were read and adopted.

Roll called and new members received.

Letters of regret from absent members were read.

President's Annual Address.

The other speakers for the evening being absent, meeting adjourned to meet at 3 o'clock Wednesday afternoon, August 23rd.

WEDNESDAY—3 O'CLOCK P. M.

Meeting called to order by Dr. W. A. Jones.

Dr. C. V. Roman being present the regular order of the meeting was suspended and all listened with a deal of interest to the very helpful talk by Dr. Roman.

The following program was carried out in full:

"Some Successful Sidelines Handled by Druggists."—Dr. Arthur Gray, Washington, D. C.

Discussion—Dr. Wm. Board of Washington, D. C., and Dr. L. H. Singleton.

"Hints on Business Getting"—Dr. A. W. Edwards of Charleston, S. C.

Discussion—Dr. W. H. Barlow of Newport News, Va., and Dr. Wm. Harriston of Berkley, Va.

"Co-operation between Doctors and Druggists."—Dr. Neill of Wilmington, Del.

Discussion—Drs. Amanda Gray and William A. Jones.

ELECTION OF OFFICERS

Dr. William H. Board, President.

Dr. L. H. Singleton, Secretary.

Dr. Julia P. H. Coleman, Pharmaceutical Secretary.

Dr. William A. Jones was appointed orator of the day to represent the Pharmaceutical Section at the Tuskegee meeting August, 1912. Meeting adjourned.

MRS. J. P. H. COLEMAN,
Pharmaceutical Secretary.

OF INTEREST TO NURSES

The National Association of Colored Graduate Nurses held its fourth annual convention in Lincoln Temple Church, Washington, D. C., August 15th, 16th and 17th. The nurses were given a hearty welcome to the city in an address delivered by Dr. W. A. Warfield, Surgeon-in-Chief of Freedmen's Hospital. In an interesting paper read by Dr. A. M. Curtis, President of the National Medical Association the nurses realized more fully that they are a very important adjunct to the medical profession.

Among the visitors who were called upon to speak and who made some very inspiring remarks were: Mr. Thompson and Miss M. R. Bowen of Washington; Mr. Hamilton of Leavenworth, Kansas, an army nurse, and Mrs. Fully, a missionary of Africa.

Nurses who prepared excellent papers which gave their co-workers many new thoughts were:

Mrs. H. H. Middleton, of Charleston, S. C., "The Woman at the Wheel."

Miss Georgia Coleman, of Washington, D. C., "Dietetics."

Miss M. F. Clark, of Richmond, Va., "Diseases of Infants."

Mrs. L. P. Taylor, of Washington, D. C., "Medley."

Miss Leonora Hargrave, of Wilmington, N. C., "Feeding the Sick."

Miss Julia Latta, of Durham, N. C., "Ethics of Nursing."

Miss N. J. Jones, of Washington, D. C., "The Business Side of a Nurse's Life."

Miss Florella Feedham, of Orangeburg, S. C., "Nurses' Duties to Each Other."

A demonstrated lecture was given by Miss S. E. Christie, of Chester, Pa., illustrating the method of preparing and distributing milk at the milk station there, for the use of the bottle babies. Miss Christie used Dr. E. M. Holt's formula for preparing the milk.

Some of the subjects discussed by the nurses, were:

1st. "Methods of Fighting Tuberculosis," led by Miss E. M. Browne, of Philadelphia, Pa.

2nd. "How can the Association be made Beneficial to its Members," led by Miss Julia Latta.

3rd. "Where Shall We Establish a National Directory?" A subject still under consideration.

4th. "Method for Securing a Beneficial Fund for Nurses." This discussion ended by a request being made that each nurse bring to our next convention the sum of five dollars or more procured in any way that may seem more suitable to each. (Of course it would not be amiss to request any who are interested in the welfare of nurses to also send us a donation.)

Miss Laura Morrison, a nurse acting under the supervision of the government, gave a sketch of the work that she was doing. She said in part that she passed the Civil Service Examination, and was sent to Panama to do service. She found however, after being there for a while that there was the usual race prejudice that is so prevalent, so she was assigned to the insane department of the hospital. In this way, it was hoped that she would become discouraged and resign her position, but she is barely clinging to her post.

The association received an invitation from Miss Dock, Honorary Secretary of the International Council of Nurses, to send a fraternal delegate to their next place of meeting in May, 1912, which is Colona, Germany. The nurses elected as their delegate Mrs. Rosa Williams, of the Colored Orphan Asylum of Riverdale, N. Y. It is expected that Mrs. Williams make an investigation of the work done by colored nurses in America, and make a report of the same at the Council.

The nurses deemed it necessary to have as an aid to their betterment a chaplain for the Association, consequently, Miss M. F. E. Mahoney was made Chaplain. She has the distinction of being the oldest colored graduate nurse in America. She graduated from the New England Hospital in 1879. She is now in charge of the Howard Orphan Asylum of Kings Park, L. I.

Among the many important things that we heard in the President's address, Mrs. M. R. Tucker of Phila-

delphia, Pa., was the importance of state registration. She feels that every nurse should take the examination and become qualified. She also spoke on social work, which is being done in Philadelphia and elsewhere, and devised ways to make the Association beneficial to its members. Mrs. Tucker served well as president of the Association this past year, and the nurses appreciated her services, as well as those of the other officers who favored them.

The officers for the ensuing year are as follows:

President, Miss M. F. Clark, of Richmond, Va. (Unanimously nominated and elected.)

First Vice-President, Miss M. A. Allen, Washington, D. C.

Second Vice-President, Miss S. E. Christie, New York City.

Recording Secretary, Miss C. S. Rhone, Newbern, N. C.

Corresponding Secretary, Mrs. C. Sharp Morgan, Petersburg, Va.

Treasurer, Mrs. M. R. Tucker, Philadelphia, Pa.

Besides preparing such an interesting program, the Washington nurses with Miss M. A. Allen as Chairman, entertained us with a musical; an automobile outing and a trip to Congressional Library; a visit to Freedmen's Hospital, where we witnessed an abdominal section, and were then escorted through the handsome building. They gave us a hearty farewell in a reception on the closing night.

The nurses thoroughly enjoyed themselves, were much benefited by having assembled, and parted in

good spirits, with the hope that they should meet again in Richmond, Va. where they were so cordially invited to convene.—Elvira F. Beckett, Correspondent to National Medical Association, 1923 N. 11th Street, Philadelphia, Pa.

Dr. J. R. Sheppard of Marshall, Texas, has recently erected a two-story sanitarium with accommodations for fifteen or twenty patients; and will be ready for occupancy November 1st. Mrs. C. P. White, Class of 1911, Tuskegee Institute Hospital, has been employed to take charge of same.

Miss Armitta Nelson, Class 1910, Tuskegee Institute Hospital, has given such satisfaction in her management of Hale Infirmary, Mont-

gomery, Ala., that she has received two raises in her salary, with promise of a third shortly. Also she has been made chairman of the Board of Managers of the hospital.

Information comes to us to the effect that the State Board of Nurses' Examiners in Tennessee has refused to grant nurse's certificates to colored nurses. We are indeed sorry to note this discrimination. Several persons of note are interesting themselves in the matter, and we are advised that the governor of the state is also giving the matter consideration. We hope that ere we go to press again the matter will have been adjusted in the only reasonable way that it can be settled; that is, by registering all nurses who meet the requirements.—Editors.

Comment on The Journal

Dear Doctor:

The Journal has been received and I have given it a very critical examination. I can say that I am vastly pleased with it. Enclosed find post office money order for one dollar (\$1.00) in payment for one year's subscription.

As secretary of the Tarrant County Medical, Dental and Pharmaceutical Association, I shall endeavor to make this body more interested in the National Medical Association and its official organ, the Journal of the National Medical Association.

Very truly yours,
(Signed) ALEX B. TERRELL, M. D.,
Dallas, Texas.

CURRENT MEDICAL THOUGHT

Prepared by Special Correspondent

THE TREATMENT OF HAY FEVER

Beverly Robinson (Merck's Archives, May, 1911) asserts that he has had better results from the appended formula than from any other local application :

R

Pulveris camphorae	- -	grs. 10
Oleoresinae Cubebae	- -	M. 20
Glycerine	- - -	dr. 1
Petrolati, q. s.,	- - -	oz. ½

M.

This oily liquid is sniffed into the nasal passages several times daily or whenever necessary.

THE NON-OPERATIVE TREATMENT OF VARICOSE VIENS OF THE LEG

Hackett (Journal of the Michigan State Medical Society) advocates the use of Unna's gelatine paste, claiming that properly applied is antiseptic, healing, soothing to ulcers and varicose eczema, and is superior to the elastic stocking. The paste has the following composition: gelatin, white, 2 parts; zinc oxide, 2 parts; glycerine, 3 parts; water, 6 parts. The gelatin is first completely dissolved in water over a waterbath, the zinc oxide is then thoroughly stirred into it, and last of all, the glycerine is added. Gelatin should be heated to 120 degrees F. in order to avoid the supposed danger of conveying tetanus.

An inch strip of adhesive is placed around the limb above and below to

mark the limits of the "boot," as he calls it. The paste is then carefully applied by painting on hot with a brush. Alternating layers of the paste and snugly rolled gauze bandages are applied, from 3 to 4 such being sufficient to result in a well fitting "boot." An ordinary shoe and stocking can be worn over this and the patient return to his work. If there is much secretion from the ulcer a small window may be cut in it. It may be worn 3 weeks to 3 months, depending on the condition.

The abstracter has seen Ochsner use this method in his clinic. The latter emphasizes the necessity of care and neatness in putting on the paste. The reason for the lack of universal favor has been due, he thinks, to failure to exercise such care in applying the "boot."

VERTIGO OF INTESTINAL ORIGIN

Loeser (Semaine Medicale, August 23, 1911) calls attention to the fact that vertigo may be due to intestinal toxins. Signs of hypertoxicity in the urine and other toxic phenomena will serve to distinguish this from reflex vertigo. The bowels should be flushed, amyl nitrite or other nitrite should be exhibited if the tension is high, or sparteine, strychnine, ether, bromides or valerian if it is low. Easily digestible foods should be given.

ADMINISTRATION OF SERUM BY MOUTH

For four years Cumberlege (*British Medical Journal*, July 15, 1911) has been giving antitoxin by mouth. In this article he enumerates a number of advantages:

1. Anaphylactic disturbances are less likely to ensue. In the four years no patient has shown any signs of serum sickness.
2. Smaller dose is required and he has never given more than 4,000 units at a time.
3. The struggling of needle-frightened children is avoided. This is important in view of the weakened heart muscle in diphtheria.
4. It is possible to give continued doses in mixture every two or four hours. It is quite palatable mixed with water.

The action of antitoxin when given per os is not much less speedy than when given hypodermically. In about an hour the temperature and pulse rate fall, there is profuse diaphoresis and a general amelioration of all the symptoms.

EDEMA FROM SODIUM BICARBONATE

Widal, Lemierre and Cotoni (*Semaine Medicale*, July 12, 1911) again write concerning their observations on the effects of massive doses of sodium bicarbonate in the production of edema. This observation is of extreme importance if it can be generally verified. The authors report cases in which they produced edema at will by giving very large doses of the drug. In this way they explain the frequently occurring dropsy

of acidosis in diabetes under alkaline treatment with sodium bicarbonate.

A STRANGE CASE OF ANAPHYLAXIS

The present article is abstracted to call attention to the clinical use of atropine sulphate in combatting anaphylactic manifestations. In the the present case, the author (B. Kaufman, *New York Medical Journal*, August 19, 1911) was the patient. He had occasion to administer to himself 500 units of antitoxin. Six months later, while injecting a patient, a boy, age five, he accidentally pierced the thumb of his own left hand. He went to a nearby drug store and injected himself with 1,000 units of antitoxin. Within fifteen minutes it began swelling and there was intense pain, nausea, and urticaria. In a few hours it was three times the normal size. Strict asepsis had been practised. There were no symptoms of infection. The treatment was: restricted diet, rest in bed, elevation of arm, atropine sulphate, 1-150 gr. every four hours until physiological effect. In four days the swelling had disappeared and left no after results.

THE USE OF SALICYLATES IN RHEUMATISM

An attempt of rehabilitation of knowledge concerning well worn subjects often serves a useful purpose. This is particularly true at the present time, when there seems to be a tendency, on the part of those best qualified, to neglect the discussion of every-day therapeutics.

Alexander Lambert (*Journal A.*

M. A., September 9, 1911) in accounting for the frequently expressed dissatisfaction with the salicylate treatment of rheumatism, asserts that the trouble is in the loose methods of diagnosis followed by many practitioners. True articular rheumatism must be distinguished from other forms of arthritis which occur, as gonorrheal, tuberculous, and scarlatinal arthritis, gout, and the infected joints of unknown origin. These, he says, are all classed together as rheumatism and treated alike. Confining their use to the symptom-complex of inflammation of the larger joints with or without cardiac involvement, some form of salicylates will be found beneficial.

Salicylic acid is usually too irritant.

Sodium salicylate is tolerated fairly well by the majority of patients even in the large doses sometimes necessary. The natural salicylates are less irritant than synthetic products. Some stomachs rebel against sodium salicylate and yet bear oil of wintergreen in large doses and are benefited by it. The natural oil of wintergreen being not readily obtained on the market, Lambert has substituted oleum betulae, which contains natural methyl salicylate, and finds it highly satisfactory.

Salicin is recognized as the form least depressing in children and the aged.

Salol will sometimes act when other salicylate compounds have failed, but has the disadvantage of breaking up into salicylic acid and phenol in the intestines. It should

not be administered if the kidneys are diseased.

The concluding paragraph runs as follows:

"In using the salicylates in rheumatism, one is impressed by the rapidity with which they act when they act well and the form of salicylate agrees with the patient, so much so that it is my belief that if within forty-eight hours a distinctly beneficial action is not obtained with the form of salicylate which is being used, we should use some other form. If sodium salicylate *with large doses of sodium bicarbonate* do not make a distinctly beneficial impression by the second day, it should be changed to the oleum betulae, that is, the true oil of birch, and if the patient is resistant to that, it should be changed to salophen or some other form of salicylate."

SURGERY

ALCOHOL-TANNIN STERILIZATION

The method is as follows: five per cent. solution of tannic acid in alcohol is applied to the hands for two minutes and to the field for one minute. After comparative tests the author (Zablodowski, *Deutsche medizinische Wochenschrift*, March 2, 1911) reports that the method is equaled only by the use of tincture of iodine, at the same time lacking the disadvantages of the latter.

AN EASY AND CERTAIN METHOD OF DIAGNOSING AND FOLLOWING A FISTULOUS TRACT

J. M. Lynch (*Medical Record*, June 3, 1911) has for the past eight years used as a tracer for fistulous

tracts (especially ischio-rectal fistulae) a mixture of hydrogen peroxide and saturated solution of methylene blue. The peroxide carries the methylene blue into the finest ramifications of the tract and the dye stains, so that one is able accurately to open up every portion of the fistula in operating.

SYPHILITIC AFFECTIONS OF THE URINARY BLADDER

The general practitioner is apt to be unmindful of the fact that obscure bladder lesions may be luetic in origin, and it must be admitted that syphilis of the bladder is not common. The present author (P. Asch, *Zeitschrift für Urologie*, July) cites three cases of tertiary bladder syphilis, and many of parasyphilis. The diagnosis is difficult except when there are readily appreciable signs of general luetic infection. There are few or no local symptoms whereby a differentiation can be made. Treatment is entirely constitutional.

LARGER INCISIONS IN ABDOMINAL SURGERY

Moore (*Journal A. M. A.*, September 16, 1911) cites cases illustrating the importance of making ample incisions in operative work in the abdomen.

Its advantages are: 1. It permits thorough examination for other possible abnormal conditions.

2. Better and quicker work can be done with the field of operation clearly in sight.

3. There is less traumatism of the wound edge, than where a small

incision is made. Many cases of malunion have resulted from violent handling and stretching of a short incision. The McBurney incision is anatomically correct and useful when the disease is known to be confined to the appendix, but it is certainly responsible for many oversights. Further, it is satisfactory only when it is made small. If it does have to be made larger, much greater damage is done to the muscles and nerves than by a median incision, and its location is not nearly so satisfactory for general work.

In doubtful cases an ample median incision is best.

GYNECOLOGY AND OBSTETRICS APPENDICITIS AND PREGNANCY

Schmid (*Mittheilungen aus den Grenzgebieten der Medizin und Chirurgie*) gives the results of the analysis of four hundred and fifty-eight cases collected from the literature and twenty-eight unpublished cases from von Eiselsberg's clinic. Majority occur during third to sixth month; in sixty-two cases it did not develop until the puerperium. Pregnancy, it seems, is less prone to initiate an appendicitis than it is to favor a recurrence. One out of every thousand pregnant women has appendicitis, and 2.5% of all women with appendicitis are pregnant. Pregnancy does not seem to influence unfavorably or otherwise the course of mild cases, but abortion or normal delivery exerts a very bad effect on severe cases. Unless immediate operation is done abortion takes place, from involvement of the perimetrium in the peritonitic process.

Appendicitis in the pregnant state is especially liable to be masked, therefore it should always be borne in mind in suspicious cases.

THE END RESULTS WHEN HYSTER-
ECTOMY HAS BEEN DONE AND
AN OVARY LEFT

This article is based on a series of one hundred and thirty-two abdominal hysterectomies done by the author (J. O. Polak, Surgery, Gynecology and Obstetrics, July, 1911) and will repay study in the original by all surgeons having to do with pelvic work. The article is not adapted to brief review, but it is of some value to note the conclusions derived from the study.

"First, that the technique of the operation and the preparation of the patient has much to do with the end results.

"Second, that a conserved ovary if unhealthy will leave the patient mentally, nervously, and physically worse than if a total extirpation had been done.

"Third, that when the woman is at the age when the menopause should occur, or when she is past the menopause, total ablation gives the best results.

"Fourth, that the nervous phenomena are more marked when the patient is operated when she is in comparatively good health, with a high pre-operative blood pressure than when the blood picture shows anemia or toxemia.

"Fifth, that the symptoms of the operative menopause are less after extirpation for pelvic inflammation,

than when the ablation is done for fibromyomata, this is due to the associated vessel changes which we find in fibrosis.

"And, finally, that when one or both healthy ovaries can be preserved it should be done; the younger the patient the more necessary is the conservation.

MISCELLANEOUS

CARBO-GASOLINE METHOD FOR THE
STERILIZATION OF BOOKS

After tests by many methods W. L. Beebe (Journal of the American Public Health Association, January) finds that the ideal one is to leave books in gas machine gasoline (otherwise known as Baume 88) containing 2% phenol for 20 minutes. They should then be quickly dried in an asbestos lined oven at low heat. No injury to the books results unless the covers are lettered with oil paint: but if care is taken not to touch the letters before drying, no harm is done. The method was tried with several bindings (cloth, leather and paper), and in no instance was the binding damaged. Gasoline of a lower specific gravity than the kind specified may be used, but it takes longer for the gas to evaporate. To disguise the odor of phenol, the author uses the following formula: oil of peppermint, 3 parts; oil of wintergreen, 1 part; and oil of cinnamon, 1 part.

The difficulty of gaseous disinfection is that the gas will not penetrate all the parts. Steam damages the book to some extent.

Beebe's method proven as it is by bacteriologic experiment would seem

to be feasible and valuable to those who, living in rural districts, sometimes have this work to do.

DIAGNOSTIC SIGNIFICANCE OF THE METHYLENE BLUE REACTION

In searching for the presence in the urine of abnormal products of elimination in cases of malignant disease, the authors (Fuhs and Lintz, *Journal American Medical Association* June 24, 1911) observed that methylene blue was decolorized. 363 cases of all kinds were examined. In the list there were 34 undoubted cases of carcinoma and one of sarcoma, all reacting positively. Of 26 normal urines included, all reacted negatively. In pregnancy 22 of 23 were positive. Of the other miscellaneous cases (rheumatism, nephritis, etc.), to a minor and variable degree responded positively.

Technique of test: 3 to 5 drops of Löffler's methylene blue are added to a test tube of urine. The urine is allowed to stand at room temperature for 24 hours. "A fresh control specimen of normal urine similarly treated is made. At the end of that time the blue color of the urine disappears; the upper layer, however, which is in contact with the air, still remains more or less blue. The

control specimen, on the other hand, remains unchanged, retaining its uniform blue color.

AN EPIDEMIC OF CHANCER OF THE LIP FROM KISSING

Schamburg (*Journal A. M. A.*, September 2, 1911) reports 8 cases of chancres of the lip and one of chancre of the cheek innocently contracted at kissing games from one individual. All the cases were seen and studied by the author. He closes his article as follows:

"This most unfortunate epidemic should teach a lesson which cannot be too strongly impressed on the public, i. e., the danger of promiscuous kissing, either between those of the opposite or the same sex. This should be taught as a matter of every-day hygiene. In the second place, physicians must recognize that a tremendous responsibility rests on them in safeguarding the public from luetic patients under their care. Too often the instructions given to patients from syphilis are perfunctory and unimpressive, if not omitted altogether. This epidemic likewise emphasizes the intense infectivity of extragenitally located chancres swarming, as they do, with spirochetes."

SOCIETY NOTES

The Georgia State Association of Negro Physicians, Dentists and Pharmacists convened in Morton's Theatre, Athens, Georgia, May 17, 18 and 19, in its 18th annual meeting, under the presidency of Dr. J. Walter Williams of Savannah. This was the most successful session in the history of the Association, with a large and representative attendance. The program was of intense interest to both physician and layman. During the public meetings, educating talks on Sanitation were delivered by prominent members of the profession. Tuberculosis, Typhoid Fever and the menace of the the common house-fly were also ably discussed during these public sessions.

During this session the Tri-State Medical, Dental and Pharmaceutical Association of Alabama, Florida and Georgia was formed. The Committee on Organization was composed of Doctors J. Seth Hills of Jacksonville, Florida, representative of the Florida Medical Association, who was chosen temporary President; A. M. Brown, Birmingham, Alabama, representing the Alabama Medical Association, who was elected temporary Treasurer; and Loring B. Palmer, Atlanta, representing the Georgia Association, who is temporary Secretary. This Association will hold its sessions biennially, and its first meeting will be held in Jacksonville, Florida, February, 1912, lasting three days.

Our honored visitors were: Drs. C. V. Roman and T. J. Wilson of Meharry; J. Seth Hills, Surgeon to the Clyde Line of Steamers, Jack-

sonville, Fla.; A. M. Brown, Birmingham, ex-Surgeon U. S. Army; G. W. Sexton, Spartanburg, S. C., member of South Carolina Medical Association; J. H. Bloomfield, President State, County and Municipal Boards of Health, Athens, Ga.; I. H. Goss, ex-President Georgia State Board of Medical Examiner, member Committee Inspection of Southern Medical Colleges; all of whom were on program.

The Georgia State Association of Negro Physicians, Dentists and Pharmacist is the largest and most progressive in the South.

We are in a receipt of a copy of the proceedings of the 7th Annual Session of the Louisiana Medical, Dental and Pharmaceutical Association, which convened in New Orleans, March 1, 2 and 3. A very successful meeting was held.

The list of officers selected for the coming year are as follows:

Dr. J. D. Nelson, Preesident, Morgan City, La.

Dr. A. J. Aubry, Vice-President, Jesuit Bend, La.

Dr. T. Lee Welch, Secretary, Houma, La.

Dr. R. Lincoln Figgins, Recording Secretary, Franklin, La.

Dr. L. T. Burbridge, Treasurer, No. 1832 Dryades St., New Orleans, La.

Dr. F. M. Nelson, Historian, Lafayette, La.

Dr. J. T. Newman, Representative National Medical Association.

Dr. T. A. Walker, State Vice-President, National Medical Association.

ITEMS OF INTEREST

The following is interesting if true:

Mysteries of Sleep

The London Pictorial tells that many curious facts have been recently discovered about it by the world's savants. For instance, when we sleep the lower half of us weighs more than the upper half. The brain is lighter and the legs are heavier. Experiments have shown that if a man goes to sleep on a bed suspended exactly at the middle point of his weight his head begins to tip slowly up and his feet to go down. This is due to the fact that when we sleep the blood in the brain goes off to the other parts of the body. The moment the brain wakes to life again it draws the blood back.

It happens when one is fast asleep some part of his brain or several parts of it may at the same time be awake. A man may walk, talk, sing or solve mathematical problems, and yet at the same time be safely in the land of nod. It seems hard or impossible to decide what part of the brain does sleep. Our sense of time, for instance, is stronger when we sleep than when we are awake. Experiments conducted some years ago on a number of men and women between the ages of 20 and 30 showed that 60 per cent. of them were able to wake up in the morning at any time they had decided upon the night before. As the Pictorial expresses it, the resolve seems to wind up something in the subconscious brain, and when the hour has arrived the clock gives in some mysterious way the alarm and the eye-lids open.

Another curious fact about sleep is that the further the part of the body is away from the brain the less soundly it sleeps. A touch on the toe will awaken one much more readily than a touch on the shoulder.

Colored Man Gets Highest Mark

L. A. Lewis, City Hospital Interne at Indianapolis, Indiana, heads 99 in State Medical Board Examinations.

Ninety-nine applications for medical licenses in Indiana successfully passed the July examinations of the state board of medical registration and examination. L. Aldridge Lewis, a colored interne at the city hospital, making the highest grade. He received 947 out of a possible 1,000 points. Three other applicants are in the honor list of those receiving a grade of 900 or better.

Lewis is the first colored applicant who has ever won first place in the medical examinations in Indiana. He was an honor man in the 1911 graduating class of the Indiana University School of Medicine.—Exchange.

Good, Hearty Laugh

To be taken very frequently

Here is what the filled prescription does if the directions are followed: "It throws the diaphragm into healthful contractions, shaking the liver and the spleen on either side, massaging the stomach and bowels, titillating the lungs and heart, clarifying the brain, and sending fresh currents of blood through the cerebral mass; that is a laugh that is more potent than nervines, and has greater medicinal value than all the tonics in the world.

We take pleasure in announcing that the Lone Star State Medical, Dental and Pharmaceutical Association will hold its Twenty-Fifth Annual Session in Dallas, October 24, 25, and 26th, 1911. On account of the Fair, there will be cheap rates from all parts of the state.

A two per cent. (2%) solution of carbolic acid in gasoline is said to be an effective and harmless fluid for the disinfection of books.

The State Board of Medical Examiners met in Austin, Texas, in June. Out of eleven colored applicants, two passed. Both of these were from Meharry Medical College, class 1911. They were Dr. J. C. Wade, of Dallas, and Dr. A. W. Jackson also of Dallas, but now practicing in Texakana.

Wanted: At Brewton, Alabama, a physician. Good field recently vacated. Address Journal of the National Medical Association.

We take pleasure in calling the attention of our officers and members to the commendable example set by our retiring President, Dr. A. M. Curtis, and our Chairman of the Executive Board, Dr. George E. Cannon.

In Dr. Curtis's office it was necessary for him to spend considerably more for the expense of correspondence, etc., than was appropriated for his office, but he presented the bill for only the amount of the appropriation, donating the rest to the Association.

Dr. George E. Cannon has presented no bill whatever for expenses during the time he has occupied this office.

General Secretary.

Dr. W. T. Chapman of Union Town, Pennsylvania, has removed to 1502 Grand Avenue, Tampa, Fla.

Nashville, Tenn.—Women's clubs throughout the country are being asked from their public health headquarters in this city to study nine topics the coming season: to "talk" nine subjects month by month; and to conduct nine monthly campaigns of education during 1911-12. The Public Health Department of the General Federation of Women's Clubs, Mrs. S. S. Crockett, chairman, announces the following topics for use by all federated clubs and all other women's organizations desiring to co-operate:

October—Community Health: "Know Your City" campaign.

November—Social Hygiene: Education in Home and School.

December—Tuberculosis: Ventilation and Fresh Air.

January—Mouth Hygiene: Tooth Inspection Day.

February—Clean Food: How and Where to find It.

March—School Hygiene: Medical Inspection.

April—Conservation of Vision: Prevention of Blindness.

May—Infant Mortality: "Don't Kill Your Baby."

June—Food Sanitation: Needless Summer Dangers.

The entire health machinery of the federations and thousands of local clubs will be centered on this program of study, "talk," and real work, with new plans and original ideas announced from month to month.

Correction

On page 233 of Volume 2, No. 3, the word "Succinide" is used where the word "Succinamid" was intended.

Biloxi, Miss.—The newest thing in the public recreation movement is the plan of the local Commercial Club to make a systematic survey of the local resources for "fun" and "good times" both for residents and for the visitors. The Club hopes to help people to know how to have a good time and also to increase the opportunities for pleasure. This is the third oldest town in the United States which is no reason for not enjoying the best and the most that the modern play idea offers to every city and town.

E. G. Routzahn.

The Weekly Leaf Chronicle, Clarksville, Tenn., on date of October 5, has the following to say:

It was left to Robert Burt, the colored physician and surgeon, to erect the first all-concrete building in Clarksville. The building presents both a modern and striking appearance, reflecting as it does no small degree of credit upon its builder and owner. This new structure is to be occupied by Doctors Burt and Jefferson, the latter a dentist.

The citizens of Clarksville universally respect and esteem Dr. Burt as the best type of his race. He is doing a fine work here among the colored people, to whom he has undoubtedly proved an excellent example of good citizenship as well as a benefactor. He founded and is successfully conducting an infirmary which has proved a great blessing to the race. In matters of business Dr. Burt is straight-forward and prompt in all of his dealings, his credit being A-1.

Circulars are out announcing the first meeting of The Tri-State Medical, Pharmaceutical and Dental Association of Alabama, Florida and Georgia, at Jacksonville, Florida, on February 21, 22, 23, 1912.

The officers are:

Dr. J. Seth Hill, Jacksonville, Fla., President.

Dr. L. B. Palmer, Atlanta, Ga., Secretary.

Dr. A. M. Brown, Birmingham, Ala., Treasurer.

Cheap return rates may be secured to Jacksonville, Florida all winter.

Citizens are preparing for elaborate entertainment. It is very much to be hoped that members of professions in these states will see to it that this first meeting is a success.

The Tennessee Association which convened in Chattanooga, Tenn., voted \$10.00 to the Journal.

We take this public method of acknowledging the same and expressing our gratitude.

The State Board of Health of Tennessee appointed a commission to investigate the Pellagra condition in the State of Tennessee. They report that out of ninety-six counties in the state sixty-four have been visited. Pellagra present in fifty-eight. Number of counties with Pellagra not visited nine. Total number of counties with Pellagra sixty-seven. Number of cases present 316. Only eighteen of these in Negroes. Approximately 95 per cent. of the cases admit the use of corn meal in some form.

A Personal Note

August 19, 2:25 a. m., found me on a N. C. and St. Louis train bound for Norfolk, Va., via Atlanta, Ga. Drs. Palmer and Slater of Atlanta, Ga., were on board a Washington train, ready to pull out as my train arrived. There was only time for me to get aboard, where I shared the luxurious drawing room quarters of these genial friends until we reached Richmond, Va. Stopping at Richmond I spent a Sunday with Dr. R. E. Jones, former president of the Association. Leaving Richmond at 4:10 p. m., three hours' crowded but not unpleasant ride brought me to Norfolk, where Dr. D. W. Byrd met me, and conducted me to his spacious hospitable home, which was my headquarters while in that region. A good supper, a night's rest, a good breakfast, and pleasant buggy ride over the city, an appetizing dinner, a delightful steamboat ride, and I was at six o'clock on Monday, August 21, 1911, on the campus of the celebrated Hampton Institute.

Many delegates were already on the grounds, and others arrived later that evening, and early in the morning until the beginning of the opening session, when half of the states of the Union were represented.

The session was a success from every standpoint. In many ways the best in our history. The attendance at the sessions was better than the average; the grade of papers was higher than at any previous session.

All promised support to the Journal.

The return trip was pleasant and without incident worthy of record, except the journey from Norfolk to Atlanta was shortened, brightened, and sweetened by the congenial companionship of Hon. W. T. Vernon ex-Register United States Treasury; and the few days stay in Atlanta was cheered by the hospitality of Drs. Nash and Badger, at the elegant home of the latter.—Editor.

The Editor of the Journal is very much indebted to the profession in Chicago for the complimentary banquet tendered him Monday night, October 2, 1911, at the Dumias Hotel. It were vain to particularize, but Drs. Dailey, A. Wilberforce Williams, G. C. Hall, and D. H. Williams are especially remembered for special courtesies. The kindly faces, the good cheer, the eloquent speeches, and kindly sentiments form a Mosaic of beauty and harmony not easily forgotten. Thanks, brothers. Thanks. A simple rose to the living is more than sumptuous wreaths to the dead.

Dr. C. V. Roman, Editor of the Journal, is just returned from a trip to Canada, in attendance upon the Ecumenical Conference. From the many newspaper reports which have reached us, it seems as though our Editor made a happy hit, both in Toronto and in Chicago, where he was banqueted by physicians of the city. We are indeed pleased to note this, because we are sure that what-

ever honors given him were merited.
—Managing Editor.

The following extracts are taken from the Daily Christian Guardian:

"We are moved to remark that the most brilliant address so far delivered was given by a black man, and he a layman. But then, he was born in Canada. That may in part, account for it."

October 10th, said:

"'Tis the set of the soul that determines the goal,

And not the storm and the strife."

One of the cleverest contributions to the discussion on Methodist Theology was from the Canadian-born colored representative from the South a medical doctor and professor in one of the schools of the Freedmen's Aid Society.

In teaching his Bible class composed chiefly of medical students he pressed upon their attention the fact that

"THE SET OF THE SOUL"

was the revealer of character and the controller of destiny and the resolver of the problems both of theology and life. By the way, the name of this brother is C. V. Roman, M. D., LL. D., of Nashville, Tenn.

The following comes to us as a clipping from a newspaper in Kansas City, Mo.;

NEGROES ON HOSPITAL STAFF

Board names visiting physicians for old General Hospital.

The hospital and health board yesterday named the following Negro physicians to act as assistants to the visiting medical and surgical staff at

the old General Hospital: Dr. W. H. Thompkins, Dr. M. O. Bousfield and Dr. E. J. McCampbell. Dr. J. Edward Perry was named last week. They will look after the sick and injured of their race in the old hospital, which has been completely renovated and made clean and sanitary.

The American Proctologic Society held its Thirteenth Annual Meeting at Los Angeles, Cal., June 26 and 27, 1911. The President, Dr. George J. Cook, of Indianapolis, Ind., in the chair. Officers were elected for the ensuing year:

President, John L. Jelks, M. D., Memphis, Tenn.; Vice-president, Alfred J. Zobel, M. D., San Francisco, Cal.; Secretary-Treasurer, Lewis H. Adler, Jr., M. D., Philadelphia, Pa.

Executive Council—George J. Cook, M. D., Indianapolis, Ind., Chairman; John L. Jelks, M. D., Memphis, Tenn.; Dwight H. Murray, M. D., Syracuse, N. Y.; Lewis H. Adler, Jr., M. D., Philadelphia, Pa.

The place of meeting for 1912 will be at Atlantic City, N. J. Exact date and headquarters to be announced later.

SOCIAL FEATURES OF HAMPTON MEETING

While the scientific sessions of the meeting of the National Medical Association, at Hampton last summer, were the chief attractions, not only to the physicians, but to the visiting friends (for at every session there were a large number of visitors), the social features were in no wise neglected. From the very beginning

it seemed to be a great reunion of many of the visitors. Holly Tree Inn seemed to be a sort of social centre where three times a day many of the delegates with their ladies gathered for their meals.

The school as well as the Tide Water Medical Society and other friends all vied with each other in making it pleasant for the visitors. Bay Shore Hotel at Buckroe Beach was alive as never before. Every day the crowds could be seen enjoying the breezes on the beach, and frolicing in the surf. Every evening music and dancing were in order.

On Wednesday evening from eight to ten, the faculty of the Hampton Institute tendered the Association, visitors and friends a lawn fete, on the beautiful lawn between Virginia Hall and Hampton Creek. Japanese lanterns and vari-colored electric lights beautified the place; and automobile rides, ox-cart rides, as well as schooner sails down to the Roads furnished much amusement and enjoyment. Delicious watermelons and other refreshments we served to satisfaction.

On Thursday evening from six-thirty to nine, a big banquet was spread in the gymnasium to which five hundred guests sat down; where a sumptuous feast was served accompanied by music from the orchestra, and catchy songs from the quartet. At the end of this a special train of cars was in readiness, which took the guests to Bay Shore Hotel at the beach, where the day was pleasantly ended.

On Friday at eight o'clock, a char-

tered boat was in readiness, which took a lively and happy party of about five hundred for an all-day sail, with music and refreshments served on the boat. Thus ended one of the most successful and pleasant meetings which the National Medical Association has ever witnessed.

A free weekly surgical clinic was opened at Provident Hospital, Tuesday, October 17, 1911, by Dr. Daniel H. Williams.

The Editor of the Journal was present by invitation and informed by Dr. Williams that he (Dr. Williams) was actuated to this step by the address of the Editor at the banquet October 2nd, given by the Chicago Society to Dr. C. V. Roman.

It is to be hoped that a post-graduate school will spring up in Chicago for our physicians. Those Nestors of the profession, Drs. Hall and Williams, should be able to organize and guide the splendid ability of many of the younger men into this consummation, so devoutly to be wished.

The Managing Editor spent several days in Texas during the latter part of September and first of October. Several cities and towns were visited, many physicians met and our mailing list much lengthened. He was much impressed with the evidence of progress everywhere exhibited, and acknowledges with thanks the many courtesies extended.

Notice has come to us that the Lone Star State Medical, Dental and Pharmaceutical Association held its Twenty-fifth Annual Session in Dallas, Texas, October 24, 25 and 26, 1911.

BY W. G. ALEXANDER, M. D.

CHICAGO ITEMS

Dr. Thomas S. Officer and Miss Ollie Henderson, D. D. S., were recently married; and are located at 3243 State Street.

Dr. L. W. Lewis has become a member of the Eighth Regiment, Illinois National Guard.

Dr. I. H. Holloway, a recent graduate of the Chicago P. & S. College, was recently appointed an ambulance surgeon, after having passed a satisfactory Civil Service examination. The only two Negroes that have previously held this important position were Drs. E. D. Brown and U. Grant Dailey; this position carries a salary of \$100 per month.

Dr. A. B. Williams has moved his office from 2701 State to 2829 State Street.

Dr. A. L. Smith, after fifteen years of successful practice, has removed to Asheville, N. C.; the change being necessitated by the condition of his health.

Dr. Alexander Lane, an ex-member of the Illinois Legislature, is seriously ill, with grave doubts of his recovery.

Dr. Geo. C. Hall was elected president of the West Michigan resort at a recent meeting of the Board of Directors.

Dr. U. G. Dailey has returned to Chicago after an extended attendance at the clinics of the Mayo

Bros. (the most famous surgical clinic in America) at Rochester, Minn.

Dr. A. H. Curtis, who twenty years ago, was the first interne at Provident Hospital was a recent visitor to Chicago.

Dr. M. J. Brown, of State Street, is devoting his labors entirely to diseases of the eye and ear.

Dr. A. B. Williams is making a specialty of internal medicine.

Dr. Anna R. Cooper is untiring in her efforts to establish a Tuberculosis Sanitarium.

Dr. H. G. Wilson, a recent graduate of Rush, has been appointed Interne at Provident.

One of the most satisfactory appointments ever made at Provident Hospital has been that of Miss Lulu Warlick (a graduate of Lincoln Hospital Training School) as Assistant Superintendent Hospital and Training School.

Chicago is fast becoming the fountain head of Negro surgeons; and among those who are making creditable progress in that field are Drs. Jas. R. White, A. W. Mercer, U. G. Dailey and A. W. Williams. Many of the successful operations performed at Provident Hospital in the last few years are credited to these gentlemen.

Chicago has two county physicians: Drs. Alexander Lane and A. L. Smith; there are also two Police Ambulance Surgeons: Drs. Holloway and Brown.

The Physicians, Dentists and Pharmacists Association held a meeting September 30, at which the following officers were elected: Dr. A. W. Mercer, President; S. W. Prentice, Vice-president; H. A. Turner, Secretary; W. A. Buckner, Treasurer; S. A. Dickerson, Chairman Executive Committee.

The Association has planned to hold many public health meetings during the coming year.

Dr. A. W. Williams addressed the Star Literary Society recently on "Race Building."

Dr. C. V. Roman, Editor of the Journal, was a welcome visitor to the city during October. The Physicians, Dentists and Pharmacists Association tendered the distinguished guest a complimentary banquet at which more than forty members were present. Dr. A. W. Williams acted as toastmaster. Responses were made by the following: Drs. G. C. Hall, Anna Cooper, D. H. Williams, A. W. Mercer, E. D. Brown, E. C. Bryant and N. Thorne.

PENNSYLVANIA NOTES

Dr. Morris Layton, Philadelphia, Medical, Chicago, 1910, is located at Carlisle, Pa.

Dr. Leslie Marshall, Philadelphia, Medical, Chicago, 1910, has opened offices at Harrisburg.

Dr. Geo. Bowles, who was recently elected a member of the York County Medical Association read a highly commended paper before that

body on "Climatic Treatment of Tuberculosis."

Dr. West, formerly located at Reading, has removed to North Carolina.

At a recent meeting of the Central Pennsylvania Medical Society an interesting paper on "Eruptive Diseases peculiar to the Negro," was read by Dr. C. Lennon Carter, of Harrisburg.

WASHINGTON, D. C. NOTES

Dr. John R. Francis, Jr., has been appointed dental examiner in the colored schools.

Mr. Richard Lewis of Chicago has been appointed a chemist on the Department of Agriculture; he is the first Negro to receive such an appointment.

Among the events of importance at Freedman's Hospital lately was a Caesarean operation by Dr. W. A. Warfield, Surgeon-in-Chief; the child was removed in 45 seconds and the operation completed in seven minutes; the patient was allowed to walk on the seventh day, the child lives.

Dr. A. M. Curtis has returned from an extended trip through the West where he performed many major operations.

NEW JERSEY NOTES

The July meeting of the North Jersey Medical Association was held at the residence of Dr. T. W. Robinson, Jersey City; the paper, "The

Treatment of Abscesses," was presented by Dr. W. G. Alexander.

The August meeting was held at the residence of Dr. W. G. Alexander, Orange; at this meeting an interesting clinic was held, several patients with unusual symptoms, being presented for examination and diagnosis.

The September meeting was held at the residence of Dr. W. J. Parks, Asbury Park; Dr. P. F. Ghee, Asbury Park, read the paper, "Abortions."

At the October, meeting which was held at the residence of Dr. I. A. Lawrence, Elizabeth, further plans were laid for the opening of a hospital, under the direction of the Society.

The society held a public meeting in Paterson Sunday afternoon, October 15th. The following papers were read: "The Proper Care of Children," Dr. J. R. Stroud; "The Proper Care of the Teeth," Dr. G. F. Watts; "Tuberculosis," Dr. J. C. Anderson.

In Switzerland the law prohibits a woman from attempting any work after confinement for at least six weeks. An effort is being made in Massachusetts to enact a similar law; and to provide for any loss of compensation during this enforced idle-

ness, the state is to provide an insurance fund. Commenting on this one paper says: "This is paternalism carried too far."

Recent statistics show that divorce is more common among physicians than any other class of men.

A New York judge has ruled that a Christian Scientist has no right to act as a doctor; and that the exercise of the healing art cannot be classed as a religious duty.

The following is worthy of more than passing notice: Application was made in Virginia to have a Negro suffering with tuberculosis, sent to some state institution. The following reply was received: "Catawba [an institution for whites] is overcrowded, and many whites are on the waiting list. The state has no place for Negroes. If he is a criminal he can be cared for at the state farm, or if a lunatic at Petersburg, but if neither of these, there is no help for him from the state."

MARRIAGES

Dr. Norman T. Cotton, Paterson, N. J., to Miss Bertha Lee, Boston, August 31st.

J. Leroy Baxter, D. D. S., Newark, N. J., to Miss Kate Douglass, Providence, October 25th.



Books, Lay Press, Etc.

National Medical Association Meeting

The thirteenth annual session of the National Medical Association which was held at Hampton Institute, August 22-24, brought together one of the most representative bodies of Negroes ever assembled at Hampton. The organization, composed as it is of more than five hundred members, the very elect of the race, is a tremendous power for the uplift of the Negro. The deliberations from the fall of the gavel at the opening session to the adjournment on the last day, were characterized by earnestness, order, and discipline.

The majority of the papers were of a purely scientific nature, but they were well interspersed with papers and subjects of popular interest, which were read and discussed in such a manner that the laity could understand, and their interest and attention were held throughout the three-day session. Among the subjects which claimed considerable and popular interest were: Tuberculosis, hookworm, pellagra, and the proper care and feeding of infants. These four topics brought a great deal of discussion that was of real interest and helpfulness. The members of the Association were urged to spread the gospel of right-living and of good health as a means of preventing these diseases among the people in their immediate communities. The trend of the discussions pointed to a general betterment of the living condition among all people.

From the report of the Commission for the study of the Hookworm Disease, we quote the following:

"We have to admit that our investigations are too much localized to draw any conclusion. At the same time we believe that we are warranted in asserting that there is no justification for the very general accusation made against the Negro a year or two ago to the effect that he was the host of the hookworm and that he, while not suffering to any great extent from the disease, was acting as a hookworm carrier and dealing it out to his white neighbors. It is also gratifying to know the change of sentiment along this line as evidenced by the following statement:

"Dr. J. A. Ferrell, assistant secretary for the eradication of the hookworm disease, of the State Board of Health, of North Carolina, states: 'We find that where infection among the whites is high the infection among the Negroes is correspondingly

high, but in no instance is the infection among the Negroes so frequently found as it is among the whites.'

"Dr. Olin West, Nashville, Tenn., acting in the same capacity for that state as Dr. Ferrell, of North Carolina, says: 'The few examinations that have been made by our services would seem to indicate that the infection among the Negroes is not nearly so severe as might have been expected in the light of former teaching. In the August Bulletin of the North Carolina Board of Health, Dr. C. F. Strosnider, district director of the hookworm campaign tabulates the results of examinations of school children of the two races, taken at random in eight different counties of the state, in which out of the examination of 3,429 school children, 2,092 of which were whites and 1,337 were Negroes, that 34 per cent. of the whites were infected against 15 per cent. of the Negroes.'

In concluding the report the Hookworm Commission calls attention to the fact that the hookworm disease can only be propagated by unsanitary practices. Although it is important to relieve thousands among the South from the throes of a disease which is causing much suffering and economic loss, the greatest good is in teaching the right ways of living, which go hand in hand with, and form part of, the hookworm propaganda.

The Commission urges that by some means at least one secretary for the eradication of the hookworm disease among the Negroes in the Southern States should be appointed from among the Negro physicians, and by means of distributing literature and by traveling he could go among the rural population. With the aid of the physicians, churches, ministers, teachers, lodges, women's clubs, county officers, and all the organized Negro bodies, he could arouse and teach the people the right way of living, and thus assist not only in the eradication of the hookworm disease, but also tuberculosis, typhoid fever, pellagra, and other communicable diseases, that thrive so well amidst unhygienic surroundings.—Southern Workman.

Literature Worth Reading

The value of heat as a therapeutic agent has been so conclusively proven that it will admit of no further argument.

The difference, however, between convective heat in contra-distinction to radiant heat is a subject in which the profession generally is interested.

Convective heat is particularly applicable in cases where radiant heat is not indicated and the reverse is quite true. Their differential thermic value is clearly set forth in the October issue of the *Bloodless Phlebotomist* along with an interesting paper by Dr. David MacIntyre, a Cunard Surgeon, upon "Drugs at Sea."

In the same issue of the *Phlebotomist*, Dr. Edward Parrish of Brooklyn, presents his methods of treating Tic Douloureux and Dr. Leverett of Yonkers, relates his experience in the successful handling of ivy poisoning cases, which in many instances are quite as intractable to handle a Tic Douloureux.

In addition to these papers, much other interesting and instructive material is given, and it is worth while to write to The Denver Chemical Mfg. Company, New York, for a copy of the *Bloodless Phlebotomist* for October, which they will send upon request.

Prompt Relief in Sciatic Pain

In reporting his experience in the treatment of sciatica, Fred E. Davis, M. D., writes as follows in *Annals of Gynecology*: "I have been giving antikamnia and codeine tablets a thorough trial in the treatment of sciatica and I must say that my success has been phenomenal indeed. I have also induced two other physicians to give them a trial and their success equals or surpasses my own. I meet with many cases of sciatica and before adopting antikamnia and codeine tablets I used a great deal of opium and morphine to relieve the pain. Since then, I have not given either. One of my patients had been confined to bed for three weeks during her last attack of sciatica. I prescribed one antikamnia and codeine tablet every four hours and in

forty-eight hours she was up and about and has not felt the pain since."

Rheumatism

"Of the many diseases characterized by serious complications and consequences acute articular rheumatism is one of the most important. Its frequency in children, its prolonged and painful course, and its tendency to produce permanent cardiac lesions invest it with gravity, so far as the future of the patient is concerned, which its low mortality during the attack does not materially mitigate. Carr says it should be considered next in importance to tuberculosis among the diseases of early life."

"Those under middle age are most frequently affected and epidemics occur quite constantly during the fall and spring months. The influence of season can be explained, in a great measure, by the effect of heat and cold upon cutaneous elimination. Those who the in past considered uric acid as the causative agent of this ailment were influenced a great deal by this and did not know that those retained toxic products lowered the protective agents of the body and thereby lessened its resistance to infection. It is a well established therapeutic dictum that in toxic or infectious processes eliminative measures should be employed to increase resisting power. Phagocytosis and immunity bear a direct ratio and when lowered invite disease."

No eliminative will give more prompt and satisfactory results than Tongaline which has been used so successfully for nearly 30 years in the treatment of rheumatism, neuralgia, grippe, gout, nervous headache, malaria, sciatica, lumbago, tonsillitis, heavy colds and excess of uric acid.

Special attention is called to the Patterson Ad found elsewhere in this number. Our physicians will at once appreciate the neat and attractive design that is here presented. The item of comfort is no small matter as presented in this buggy. As to its value, the name "Patterson," carries with it the standard of durability as well as the best of the other good qualities.

The Alkaloidal Treatment of Pneumonia

Dr. William J. Johnson of Uxbridge, Mass., says in the Journal of Therapeutics and Dietetics that alkaloidal medication in pneumonia is a protest to the orthodox views both on the course of the disease and concerning the value of drugs. The adherents of positive therapeutics are convinced that the course of the disease can be so largely modified, by appropriate medication, that all and, indeed, many of the expected symptoms and conditions do not appear. Alkaloidal medication strikes at the root of the trouble, endeavors to foresee and prevent the changes that naturally appear in a typical case of pneumonia and does not wait for the symptoms to develop and the results to be manifest. For fever we use aconitine, 1-134 grain, one granule every fifteen minutes, half hourly or hourly, until lowering of pulse rate, reduction of temperature, sweating and lessened pain occurs. Combined with this we use strychnine, 1-154 grain, and digitalin, 1-67 grain, for its tonic action and supporting the heart. The other important remedies are emetine, 1-67

grain, and codeine, 1-67 to 1-12 grain hourly to relax spasm, control nervous symptoms, quiet and loosen the cough. As the fever subsides and the cough becomes looser, calcium sulphide 1-6 grain every two hours is such a valuable and important remedy that it should always be used, and its action will not disappoint the careful user. After the acute symptoms have subsided, glonoin, 1-250 grain, is a most valuable remedy, sustaining the vitality wonderfully, prompt and reliable in its action. These are our standard remedies for this disease. They offer a definite amount of a single distinct alkaloid to counteract a definite disease with structural lesions. Their action must be carefully watched, must be changed or modified by the course of the disease, and they produce results at once marked, rapid and permanent.

It goes without reason that the nutrition and hygiene of the patient requires attention, nor are external applications to be despised. The alkaloidal remedies are so positive in their action that we can dispense with alcohol, which at best is an uncertain and treacherous ally.

News Item

Dr. C. V. Roman, who has already distinguished himself as pioneer Editor of the Journal of the National Medical Association and general all-round workman for the good of the profession, stopped a day in Chicago on his way to Toronto, Canada, a delegate to the Ecumenical Conference of Methodism.

While in Chicago he was tendered a banquet by the Chicago Medical Association. His address on this occasion will long be remembered by those who were fortunate enough to hear him. He spoke in feeling terms of his struggle in maintaining the Journal of the Association and the future of the Medical body in the United States. He referred in special terms to the great necessity of more working clinical opportunities for our men and the necessity for hospitals and the great demand for men of the race to develop along special lines. He impressed us with the idea that the South should have hospitals in every large center with Negroes doing the work. He also urged that

clinical work be started in Chicago where the splendid opportunities of Provident Hospital were available. His suggestions were acted upon within the next few days following his departure.

When Dr. Roman returned to Chicago on his way home he attended the first weekly clinic, which is to be permanent in the Provident Hospital. This clinic will serve to train the young men along surgical lines. Those who are in earnest will find a way to get a working surgical training which can only be had by actual contact with the work. It will also be an open door to many hundreds of people, in and out of the city, who need surgical operations but cannot afford to meet the expense. This clinic is open to the poor and indigent by them simply meeting their actual hospital expenses.

Provident Hospital is in hearty co-operation in the development of this work,

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